# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	e 2015 cal	endar year, or tax year be	ginning			, and e	nding	-				
В	Check if	applicable:	C Name of organization	The Love Q	uilt Project,	Inc.			D Employe	er identi	ification num	ber	
	Address	change	Doing business as		-								
		ŭ	Number and street (or P.O.	box if mail is no	ot delivered to	street address)	Room/suite		46-543922	25			
	Name ch	ange	4250 N. Glebe Road						E Telephor	ne numb	er		
Χ	nitial ret	urn	City or town			State	ZIP code						
			Arlington			VA	22207		(703) 244-	8499			
	inal return	n/terminated	Foreign country name	Foreign	province/state		Foreign posta	l code					
$\square$	Amended	d return	. c.e.g coana, name	. o. o.g	p.o.moo,otate	5, 55 u. i.y	. c. c.g poc.a		<b>G</b> Gross re	ceints \$		1	6,586
۳	unondo	a rotarri							• 0.00010	оо.р.с ф	Г		
	Application	on pending	F Name and address of princ	pal officer:				H(a) Is th	is a group returr	n for subo	ordinates?	Yes	< No
			Gretchen Ginnerty P.O.	Box 7674, A	Arlington, V	'A 22207		H(b) Are	e all subordina	ates inclu	uded?	Yes	No
1 1	av ovom	npt status:	X 501(c)(3) 501(c)	( )	(insert no.)	4947(a)(1)	or 527	lf"	'No," attach a	list. (see	e instructions)		_
					(insert no.)	4347 (a)(1)	327	1		•			
JV	Vebsite	e: ► nttp	://www.lovequiltproject.c	rg			1	<b>H(c)</b> Gro	oup exemption	numbe	er 🕨		
KF	orm of o	rganization:	X Corporation True	st Associ	ation Ot	ther ►	L Ye	ar of form	ation: 2014	M:	State of legal	domicile:	VA
В	art I	Su	mmary				I		201				
-	1		lescribe the organization	's mission o	r most sign	ificant activiti	ios: Tho	Lovo	uilt Project	LICOC :	the newer	of	
Ģ	'	-	~		_					uses	lile power	<u> </u>	
ũ			change the lives of vulne			uin Airican a	ind America	n chilar	en,				
Governance			them affected by the Al										
Š	2	Check tl	his box ▶ if the org	anization dis	continued	its operations	s or dispose	d of mo	re than 25	% of it	s net asse	ts.	
တိ	3		of voting members of th							3			4
⋖ŏ	4		of independent voting n							4			4
ies	5		mber of individuals emp							5			0
Activities &	6									6			1,000
Ę													
٩	7a					` '				7a			0
	b	Net unre	elated business taxable i	ncome from	Form 990-	1, line 34.				7b			0
									Prior Year		Cur	rent Year	
ne	8		utions and grants (Part V										6,476
eu.	9	Program	n service revenue (Part \	/III, line 2g)									0
Revenue	10	Investm	ent income (Part VIII, co	lumn (A), lin	es 3, 4, an	d 7d)							0
œ	11	Other re	evenue (Part VIII, columr	(A), lines 5	, 6d, 8c, 9c	, 10c, and 11	le)						110
	12		enue—add lines 8 through							0		-	6,586
	13		and similar amounts paid										0
	14		paid to or for members										0
	4-		other compensation, empl										0
Ses	16a		ional fundraising fees (P	•	•	, ,	,						0
Expenses	10a												
쏪	l b		ndraising expenses (Par										5.004
ш	17		xpenses (Part IX, column					-					5,261
	18		penses. Add lines 13–17							0			5,261
	19	Revenu	e less expenses. Subtra	ct line 18 fro	m line 12 .					0			<u>1,325</u>
Sor								Beginn	ning of Curre			d of Year	
set	20	Total as	sets (Part X, line 16) .   .							4,503			5,828
t As	21	Total lia	bilities (Part X, line 26).							0			0
Net Assets or	22	Net asse	ets or fund balances. Su	btract line 2	1 from line	20				4,503		!	5,828
	rt II	Sig	nature Block										
			y, I declare that I have examine	d this return, in	cluding accom	panying schedul	les and stateme	ents, and t	to the best of	my know	vledge		
and	belief, it	is true, corre	ect, and complete. Declaration	of preparer (oth	er than officer)	is based on all i	nformation of w	hich prep	arer has any l	knowled	ge.		
0:-			11 MMuniger	nery							8/14/201	6	
Sig			Signature of officer	1					Date			<del></del>	
He	re		William Montgomery				Vico	Preside					
			Type or print name and title				VICE	FIESIU	EIIL				
		Drini	••		Droporor's si	anatura		Dot	_		PTI	NI .	
D-	id		t/Type preparer's name		Preparer's sig	yı ıatur <del>c</del>		Date		Check	☐ if   P !!	4	
Pa					SELF-PRF	PARED RE	TURN			self-emp			
	pare	l	d <b>N</b>					<u> </u>			-		
Us	e Only	y	's name ►						Firm's EIN				
		Firm	's address 🕨						Phone no.		<u> </u>		
	tha I	OC diagua	ss this return with the pre	noror chow	a abova2 (	ooo inatruatia	nc)					Yes	No

0)(Revenue \$

0 including grants of \$

3,584

(Expenses \$

Total program service expenses

0)

**Checklist of Required Schedules** 

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Χ
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
<b>.</b> –	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			v
46	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
	If "Yes," complete Schedule G, Part III	19		Χ

### Checklist of Required Schedules (continued) Part IV No 20a Χ **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . . . . . . Χ 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ Did the organization answer "Yes" to Part VII. Section A. line 3. 4. or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ **24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines Χ 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . . . . . . . . . . . . . . . 25a Х **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . . 28a **b** A family member of a current or former officer, director, trustee, or key employee? *If* "Yes," complete 28b Χ c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . . . . . Χ 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . 29 Χ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ **32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . . . . . . . 35a **b** If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . . . . . 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Part V
Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response or note to any line in this Part V			ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Χ	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			i
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u></u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ł
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<b>-</b> -		V
٦.	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		V
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├^
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?.	7 <u>y</u> 7h		<del>                                     </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u></u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.6		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		X

Form 990 (2015) **Part VI** 

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions
Check if Schedule O contains a response or note to any line in this Part VI

sect	ion A. Governing Body and Management									
		1		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 4								
	If there are material differences in voting rights among members of the governing body, or									
	if the governing body delegated broad authority to an executive committee or similar									
	committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 4								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	-								
	any other officer, director, trustee, or key employee?		2	Х						
3	Did the organization delegate control over management duties customarily performed by or und									
	supervision of officers, directors, or trustees, or key employees to a management company or o		3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		Χ					
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?	5		X					
6	Did the organization have members or stockholders?		6		Χ					
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint								
	one or more members of the governing body?		7a		Χ					
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?		7b		Χ					
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during								
	the year by the following:									
а	The governing body?		8a	Χ						
b	Each committee with authority to act on behalf of the governing body?		8b		Χ					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be									
	at the organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O									
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode.)							
				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such									
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore filing the form?.	11a	Х						
b	1 , 3, 3									
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?									
	describe in Schedule O how this was done		12c							
13	Did the organization have a written whistleblower policy?		13		X					
14	Did the organization have a written document retention and destruction policy?		14		X					
15	Did the process for determining compensation of the following persons include a review and app	-								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation									
а	The organization's CEO, Executive Director, or top management official.		15a		X					
b	Other officers or key employees of the organization		15b		Χ					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	•								
	with a taxable entity during the year?		16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev									
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa		401-							
Sa a t	the organization's exempt status with respect to such arrangements?		16b							
	ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ VA									
17 18	List the states with which a copy of this Form 990 is required to be filed ► VA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501/s	/(3/0 4	ndy)						
10	available for public inspection. Indicate how you made these available. Check all that apply.	330-1 (Section 301(C	<sub>I</sub> (J)S (	лпу <i>)</i>						
		xplain in Schedule O)								
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol										
	financial statements available to the public during the tax year.	.o, oormiot or interest p	oney,	unu						
20	State the name, address, and telephone number of the person who possesses the organization	's books and records.	<b>•</b>							
	Kevin Ginnerty	(=00) 000 0111								
	P.O. Box 7674, Arlington, VA 22207									

46-	5439225	5

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	,			_ '						
( <b>A</b> ) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	òοx,	unles er an	Pos neck ss pe	rson	than or is both or/truste	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			ee			sated				
(1) Gretchen Ginnerty	6.00									
President	0.00	Χ		Χ						
(2) William Montgomery	4.00									
Vice President		Χ		Χ						
(3) Lori Rossiter	2.00									
Secretary	0.00	Х		Х						
(4) Craig Phillips	0.25									
Director	0.00	Χ								
(5) Kevin Ginnerty	1.00									
Treasurer	0.00			Χ						
(6) Bruce Jolly	0.25									
Incorporator and Registered Agent	0.00									
_(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form	990 (2015)	The Love Quilt Project, Inc.									46-543	9225	Page 8
P	art VII	Section A. Officers, Directors, T	rustees, Key E	mplo	yee	s, a	ınd	High	est	Compensated	Employees (co	ntinue	d)
		(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos neck ss pe	erson direct	e than to too Highest compensated employee	h an tee)	Reportable	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Esti amo comp fro orga and	(F) imated ount of other eensation om the unization related nizations
(15)			,	tee	ıstee			ensated				J	
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(24)													
(25)													
1b										0			C
C		n continuation sheets to Part VII,								0			0
<u>d</u>	Total (add	d lines 1b and 1c)	limited to those		obe				<b>→</b>	od more than \$1			C
2		e compensation from the organization		iisteu		0 0	) vvi	10 160	CIV	eu more man ş	100,000 01		
	Тороналого					<u> </u>						1	Yes No
3	Did the or	ganization list any <b>former</b> officer, d	irector, or trustee	e, key	em	plo	yee	, or h	igh	est compensate	d		
	employee	on line 1a? If "Yes," complete Scho	edule J for such	indivi	dua	Ι.						3	X
4	-	ndividual listed on line 1a, is the sum	•	-						•			
	•	ization and related organizations gre									such	4	X
5		erson listed on line 1a receive or ac									dividual		^
Ū		es rendered to the organization? <i>If</i> '										5	X
Sec	tion B. Ind	ependent Contractors											
1		this table for your five highest compation from the organization. Report of										ı's tax	
		( <b>A</b> ) Name and business ad	dress							(B) Description of ser	rvices (	(C) Compens	
	•												C
													0
-									-				<u> </u>
													<u>C</u>
2	Total num	ber of independent contractors (inc	luding but not lin	nited	to th	ose	e lis	ted a	bov	ve) who received	l e		
		\$100,000 of compensation from th	•	•				0					

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any line	in this Part VIII			🔲
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns				
uni uni	b	Membership dues				
, G	С	Fundraising events				
iifts ar A	d	Related organizations				
s, G mila	е	Government grants (contributions) 1e 0				
ion r Si	f	All other contributions, gifts, grants, and				
ibut		similar amounts not included above <b>1f</b> 1,650				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$ 0				
a C	_	<b>Total.</b> Add lines 1a–1f ▶	6,476			
- 0		Business Code	0,170			
nue	2a		0			
eve	b		0			
Se R	D		0			
rvic	ا		0			
Se ı	d		0			
ran	e	All all and an arrangement of the second of				
Program Service Revenue	T	All other program service revenue  Total, Add lines 2a–2f	0			
	<u>g</u>	Totali / (ad iii) to La Li	0			
	3	Investment income (including dividends, interest, and other similar amounts)				
	4	•	0			
	4	Income from investment of tax-exempt bond proceeds	-			
	5	Royalties	0			
	•					
	6a	Gross rents				
	b	Less: rental expenses				
	C	Rental income or (loss) 0 0				
	d -	Net rental income or (loss)	0			
	7a	Groce amount nom sales of				
		assets other than inventory . 0 0				
	b	Less: cost or other basis				
		and sales expenses 0 0 0 Gain or (loss) 0				
	C					
	d	Net gain or (loss)	0			
Other Revenue	8a	Gross income from fundraising events (not including \$				
the	b	Less: direct expenses b				
0	С	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities.				
		See Part IV, line 19				
	b	Less: direct expenses b				
		Net income or (loss) from gaming activities	0			
		Gross sales of inventory, less				
		returns and allowances				
	b	Less: cost of goods sold b 0	-			
		Net income or (loss) from sales of inventory	110			
		Miscellaneous Revenue Business Code				
•	11a		0			
	b		0			
	C		0			
	d	All other revenue	0			
	e	<b>Total.</b> Add lines 11a–11d ▶	0			
	12	Total revenue See instructions	6 586	0	0	0

Par	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other	organizations mus	t complete column (	(A).
	Check if Schedule O contains a response or note	to any line in this F	Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		охропосо	general expendes	охроносо
•	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic	J			
_	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign	, , ,			
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	9			
-	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified	<u> </u>		,	
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):	J			
a	Management	0			
b	Legal	0			
	Accounting	0			
d	Lobbying	0			
۰ و	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	J J			
9	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	656	656		
13	Office expenses	1,180	1,180		
14	Information technology	0	1,100		
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses	J			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	ſ
23	Insurance	0	,	0	
24	Other expenses. Itemize expenses not covered	J			
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Quilt material	1,748	1,748		
b	Home & Garden Tour	1,677	.,. 10		1,677
c		0			.,077
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e.	5,261	3,584	0	1,677
26	Joint costs. Complete this line only if the	5,201	2,201		.,077
_•	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

### Part X Balance Sheet

1   Cash—non-interest-bearing			Check if Schedule O contains a response or note to any line in this Part X	(		
2   3   Savings and temporary cash investments.   2   3   Pledges and grants receivable, net.   0   3   0   0   4   0   0   4   0   0   4   0   0						
3   Pledges and grants receivable, net   0   3   0   0   4   Accounts receivable, net   0   4   0   0   5   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.    Complete Part II of Schedule   5   5		1	Cash—non-interest-bearing	4,503	1	5,828
A Accounts receivable, net   S   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   S   Complete Part II of Schedule D   Complete II of Schedule D   Complete Part II of Schedule D   Complete II of Schedule D   Complete II of Schedule D   Complete II of Schedu		2			2	
1		3	Pledges and grants receivable, net	0	3	0
Trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.  Lears and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(1)), persons described in section 4958(f)(1)), persons described in section 4958(f)(1), persons described in section 4958(f)(1)), persons described in section 4958(f)(1), persons described in the disputation of the describable, net.  7 Notes and loans receivable, net.  9 Prepaid expenses and deferred charges.  10 La 1		4	Accounts receivable, net	0	4	0
Complete Part II of Schedule L   5		5	Loans and other receivables from current and former officers, directors,			
Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations (see instructions). Complete Part I of Schedule L.			trustees, key employees, and highest compensated employees.			
4958(f)(1), persons described in section 4958(c)(3(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L					5	
sponsoring organizations of section 501(c)(8) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6				
organizations (see instructions). Complete Part II of Schedule L			4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
7   Notes and loans receivable, net   0   7   0			sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
9 Prepaid expenses and deferred charges   9   10a   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10b   0   0   10c   0   0   10c   0   10c   11   10c   12   12   13   10c   14   15   15   15   15   15   15   15	ţ		organizations (see instructions). Complete Part II of Schedule L		6	
9 Prepaid expenses and deferred charges   9   10a   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10b   0   0   10c   0   0   10c   0   10c   11   10c   12   12   13   10c   14   15   15   15   15   16   15   15   16   15   15	SS	7	Notes and loans receivable, net	0	7	0
10a	⋖	8	Inventories for sale or use		8	
the b Less: accumulated depreciation.		9	Prepaid expenses and deferred charges		9	
the b Less: accumulated depreciation.		10a	Land, buildings, and equipment: cost or			
b Less: accumulated depreciation						
11   Investments—publicly traded securities   0   11   0   12   10   12   10   13   10   13   10   13   10   14   13   10   14   14   15   14   15   15   16   15   16   16   16   16		b	Less: accumulated depreciation 10b 0	0	10c	0
12		11		0		0
13		12		0		0
14		13	· · · · · · · · · · · · · · · · · · ·			0
15 Other assets. See Part IV, line 11.		_				
16   Total assets. Add lines 1 through 15 (must equal line 34)   4,503   16   5,828     17   Accounts payable and accrued expenses   17     18   Grants payable   18   18     19   Deferred revenue   19     20   Tax-exempt bond liabilities   20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   22   0     23   Secured mortgages and notes payable to unrelated third parties   0   24   0     24   Unsecured notes and loans payable to unrelated third parties   0   24   0     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   0   25   0     26   Total liabilities. Add lines 17 through 25   0   26   0     27   Organizations that follow SFAS 117 (ASC 958), check here						
17		_		4.503		
18   Grants payable   18   19   Deferred revenue   20   Tax-exempt bond liabilities   20   Tax-exempt bond liabilities   20   Escrow or custodial account liability. Complete Part IV of Schedule D   21				.,		5,5-5
19 Deferred revenue						
20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Coans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 0  23 Secured mortgages and notes payable to unrelated third parties 0 23 0  24 Unsecured notes and loans payable to unrelated third parties 0 24 0  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0 25 0  26 Total liabilities. Add lines 17 through 25 0 0 26 0  Corganizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		_				
21 Escrow or custodial account liability. Complete Part IV of Schedule D		_				
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		-	· · · · · · · · · · · · · · · · · · ·			
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	Ś		· · · · · · · · · · · · · · · · · · ·			
24 Unsecured notes and loans payable to unrelated third parties.  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets.  27 Temporarily restricted net assets.  28 Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC958), check here □ X and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  30 Capital stock or trust principal, or equipment fund.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  34 0 24 0 0  24 0 0  25 0 0  26 0 0  27 0  28 0 0  29 27 0  27 0 0  28 0 0  29 0 0  20 0 0  30 0 0  30 0 0  31 0 0  32 0 0  33 0 0 0  34 0 0  35 0 0  36 0 0  37 0 0 0  38 0 0 0  39 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  31 0 0 0  32 0 0 0  33 0 0 0  34 0 0 0  35 0 0 0  36 0 0 0  37 0 0 0  38 0 0 0  38 0 0 0  39 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  31 0 0 0  32 0 0 0  33 0 0 0  34 0 0 0  35 0 0 0  36 0 0 0  37 0 0 0  38 0 0 0  39 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  31 0 0 0  32 0 0 0  33 0 0 0 0  34 0 0 0  35 0 0 0  36 0 0 0  37 0 0 0  38 0 0 0  39 0 0 0  30 0 0 0	ij					
24 Unsecured notes and loans payable to unrelated third parties.  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets.  27 Temporarily restricted net assets.  28 Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC958), check here □ X and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  30 Capital stock or trust principal, or equipment fund.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  34 0 24 0 0  24 0 0  25 0 0  26 0 0  27 0  28 0 0  29 27 0  27 0 0  28 0 0  29 0 0  20 0 0  30 0 0  30 0 0  31 0 0  32 0 0  33 0 0 0  34 0 0  35 0 0  36 0 0  37 0 0 0  38 0 0 0  39 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  31 0 0 0  32 0 0 0  33 0 0 0  34 0 0 0  35 0 0 0  36 0 0 0  37 0 0 0  38 0 0 0  38 0 0 0  39 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  31 0 0 0  32 0 0 0  33 0 0 0  34 0 0 0  35 0 0 0  36 0 0 0  37 0 0 0  38 0 0 0  39 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  31 0 0 0  32 0 0 0  33 0 0 0 0  34 0 0 0  35 0 0 0  36 0 0 0  37 0 0 0  38 0 0 0  39 0 0 0  30 0 0 0	ē				22	0
24 Unsecured notes and loans payable to unrelated third parties.  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets.  27 Temporarily restricted net assets.  28 Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC958), check here □ X and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  30 Capital stock or trust principal, or equipment fund.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  34 0 24 0 0  24 0 0  25 0 0  26 0 0  27 0  28 0 0  29 27 0  27 0 0  28 0 0  29 0 0  20 0 0  30 0 0  30 0 0  31 0 0  32 0 0  33 0 0 0  34 0 0  35 0 0  36 0 0  37 0 0 0  38 0 0 0  39 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  31 0 0 0  32 0 0 0  33 0 0 0  34 0 0 0  35 0 0 0  36 0 0 0  37 0 0 0  38 0 0 0  38 0 0 0  39 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  31 0 0 0  32 0 0 0  33 0 0 0  34 0 0 0  35 0 0 0  36 0 0 0  37 0 0 0  38 0 0 0  39 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  30 0 0 0  31 0 0 0  32 0 0 0  33 0 0 0 0  34 0 0 0  35 0 0 0  36 0 0 0  37 0 0 0  38 0 0 0  39 0 0 0  30 0 0 0	Ë	23		0		
Total liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		_				
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			· · · · · · · · · · · · · · · · · · ·	· ·		
Part X of Schedule D		20	,			
26 Total liabilities. Add lines 17 through 25			· · · · · · · · · · · · · · · · · · ·	0	25	0
Organizations that follow SFAS 117 (ASC 958), check here   Complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets		26				
Complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets		20	<u></u> -	0		0
1,000 00 0,020	Ś					
1,000 00 0,020	ည		-			
1,000 00 0,020	<u>a</u>					
1,000 00 0,020	ã					
1,000 00 0,020	pu	29	Permanently restricted net assets		29	
1,000 00 0,020	or Fu		• • • • • • • • • • • • • • • • • • • •			
1,000 0	ets.	30	-	0	30	0
1,000 0	SS					
1,000 0	τ̈́Α					
1,000 0	Š					
			Total liabilities and net assets/fund balances	4,503		5,828

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			6	,586
2	Total expenses (must equal Part IX, column (A), line 25)	2			5	,261
3	Revenue less expenses. Subtract line 2 from line 1	3			1	,325
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			4	,503
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10			5	,828
Part	XII Financial Statements and Reporting				-	
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. [2	2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. [3	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of				
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?.			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		·			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
va	the Single Audit Act and OMB Circular A-133?			3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		·	Ju		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
		<u> </u>		~~		

Form **990** (2015)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Employer identification number

The I	_0٧	e Quilt Project, Inc.					46-54	39225
Par		Reason for Public Char						
	orga	anization is not a private founda	,		•	,	,	
1	Щ	A church, convention of church						
2	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hos	spital service organ	ization described in s	ection 17	'0(b)(1)(A	)(iii).	
4		A medical research organization hospital's name, city, and state	•	unction with a hospital	describe	d in <b>sect</b> i	ion 170(b)(1)(A)(iii)	. Enter the
5		An organization operated for the section 170(b)(1)(A)(iv). (Con		ge or university owne	d or opera	ated by a (	governmental unit d	escribed in
6		A federal, state, or local govern	nment or governme	ental unit described in	section 1	170(b)(1)(	A)(v).	
7		An organization that normally described in <b>section 170(b)(1</b>			rom a gov	/ernmenta	al unit or from the ge	eneral public
8		A community trust described in	section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)			
9	Х	An organization that normally receipts from activities related support from gross investment acquired by the organization a	receives: (1) more t to its exempt functi income and unrela	han 33 1/3% of its sup ons—subject to certai ited business taxable	oport from n exception income (le	ons, and ( ess sectio	2) no more than 33 n 511 tax) from bus	1/3% of its
10		An organization organized and	d operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).	
11		An organization organized and of one or more publicly suppor Check the box in lines 11a thro	ted organizations d	lescribed in section 5	09(a)(1) d	or <b>section</b>	1 <b>509(a)(2)</b> . See <b>se</b>	ction 509(a)(3).
а		Type I. A supporting organithe supported organization( organization. You must co	zation operated, su (s) the power to reg	pervised, or controlled ularly appoint or elect	d by its su	pported o	rganization(s), typic	ally by giving
b		Type II. A supporting organ control or management of the organization(s). You must	he supporting orgar	nization vested in the				
С		Type III functionally integrits supported organization(s	rated. A supporting	organization operated				tegrated with,
d		Type III non-functionally i that is not functionally integ requirement (see instruction	ntegrated. A support of the communication of the co	orting organization operation generally must sa	erated in catisfy a dis	connection stribution i	n with its supported requirement and an	
е		Check this box if the organic functionally integrated, or T	zation received a w	ritten determination fr	om the IR	S that it is		ype III
f		Enter the number of supported						0
g		Provide the following information	on about the suppor	rted organization(s).				
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
<b>A</b> )						110		
В,								
В)								
C)								
D)								
E)								
rota.								0

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

		I	I				
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each	J	J	J	J	J	
Ū	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
_							
	Public support. Subtract line 5 from line 4.						0
	tion B. Total Support	(.) 0044	(1.) 0040	(.) 0040	(1) 0044	(.) 0045	(D.T.)
	ndar year (or fiscal year beginning in)	` '	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (s	ee instructions).				12	
13	First five years. If the Form 990 is for the or	rganization's first, s	second, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here .						
Sec	tion C. Computation of Public Sup	pport Percenta	age				
	Public support percentage for 2015 (line 6, c	•		′f))		14	0.00%
	Public support percentage from 2014 Sched	* *	•	. , ,		15	0.00%
	33 1/3% support test—2015. If the organiza				•		0.0070
iou	and <b>stop here</b> . The organization qualifies as						
h	33 1/3% support test—2014. If the organiza		=				
D	box and <b>stop here.</b> The organization qualified						
4		. , ,					
1/a	10%-facts-and-circumstances test—2015						
	is 10% or more, and if the organization meet Part VI how the organization meets the "fact						
	organization		-	•			
h	10%-facts-and-circumstances test—2014						
D	15 is 10% or more, and if the organization m						
	Part VI how the organization meets the "fact				•		
	supported organization		-	•			
18	<b>Private foundation.</b> If the organization did r	not check a hov on	line 13 16a 16b	17a or 17h check	this hox and see		
	instructions	iot official a box off	10, 10a, 10b,	174, OF 175, OHECK	and box and see		. □

Page 3

### Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	<u>.</u>					
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						C
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						C
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						C
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						C
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						C
6	Total. Add lines 1 through 5	0	0	0	0	0	C
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						C
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						C
С	Add lines 7a and 7b	0	0	0	0	0	C
8	Public support (Subtract line 7c from						
	line 6.)						C
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	<b>(f)</b> Total
9	Amounts from line 6	0	0	0	0	0	C
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources .						C
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						C
С	Add lines 10a and 10b	0	0	0	0	0	C
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						C
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)					6,586	6,586
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0		6,586	6,586
14	First five years. If the Form 990 is for the org						_
	organization, check this box and <b>stop here</b> .						<b>▶</b> X
Sec	ction C. Computation of Public Supp	port Percenta	ge				
15	Public support percentage for 2015 (line 8, co	lumn (f) divided by	y line 13, column (	f))		15	0.00%
16	Public support percentage from 2014 Schedul	le A, Part III, line ′	15			16	0.00%
Sec	ction D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2015 (line	10c, column (f) div	vided by line 13, co	olumn (f))		17	0.00%
18	Investment income percentage from 2014 Sch					18	0.00%
19a	33 1/3% support tests—2015. If the organiza	ation did not check	the box on line 14	I, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly supp	oorted organization		<b>.</b>
b	33 1/3% support tests—2014. If the organization						
	line 18 is not more than 33 1/3%, check this b	-	=				
20	Private foundation. If the organization did no	t check a box on	line 14, 19a, or 19l	o, check this box	and see instructions	S	▶

Voc No

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. A	∖II Sup	porting (	Organi	izations
--------------	---------	-----------	--------	----------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status
- under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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46-5439225

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
L	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
Seci	non B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," explain in <i>Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
-	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( see in	struc	tions	):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructio	ons).
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng tr	ust on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co	ompl	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		· · · · · · · · · · · · · · · · · · ·
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	C
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	C
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	C
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	C
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	C
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	C
6 Multiply line 5 by .035	6	0	C
7 Recoveries of prior-year distributions	7	0	C
8 Minimum Asset Amount (add line 7 to line 6)	8	0	C
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		C
2 Enter 85% of line 1	2		C
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		C
4 Enter greater of line 2 or line 3	4		C
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	lly-ir	ntegrated Type III supportir	ng organization (see

Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Section	n D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0.000
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
	From 2013			
	From 2014			
	<b>Total</b> of lines 3a through e	0		
	Applied to underdistributions of prior years		0	
	Applied to 2015 distributable amount			0
<u>i</u> _	Carryover from 2010 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2015 from Section			
	D, line 7: \$ 0			
	Applied to underdistributions of prior years		0	
	Applied to 2015 distributable amount			0
	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount		•	
	greater than zero, see instructions).		0	
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			•
	instructions).			0
7	Excess distributions carryover to 2016. Add lines 3j			
0	and 4c.	0		
8	Breakdown of line 7:			
<u>а</u>				
<u>b</u>	Excess from 2013			
	Excess from 2014			
е	EXCESS HUILI ZU 15			

### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 **Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

The Love Quilt Project, Inc.	46-5439225
Form 990, Part VI, Section B, Line 11b: Form 990 was completed by the Vice President with dat	a
provided by the Treasurer and reviewed by the Board. Copies are available on request.	
Form 990, Part VI, Section C, Line 19: Governing documents and financial statements are	
available on request.	

Schedule O (Form 990 or 990-EZ) (2015)	Page	<u> 2</u>
Name of the organization	Employer identification number	
The Love Quilt Project, Inc.	46-5439225	

The Love Quilt Project, Inc. 46-5439225

Reasonable Cause Explanation (990)

In April my computer was subjected to a ransomware attack, resulting in the loss of all my data including financials. At the same time my external hard drive backup failed for unrelated reasons. It has taken since then to reconstruct the data required to file this report. I hope this will be considered a reasonable explanation for late filing.

The Love Quilt Project, Inc. 46-5439225

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

			Cash	Noncash
1	Federated Campaigns	1		
2	Membership dues	2		
3	Fundraising events	3	4,826	
4	Related organizations	4		
	Government grants (contributions)	5		
6	All other contributions, gifts, grants, and similar amounts not included above:			
	Donations	_	1,650	
		_		
		_		
		_		
			4.050	
	Other contributions total	6	1,650	0
_ 7	Total	7	6,476	0

The Love Quilt Project, Inc. 46-5439225

## Part VIII, Line 10 (990) - Gross Sales of Inventory

Total:	110	0		110
		Cost of		
Category	Gross Sales	Goods Sold	Net	
1 Note cards, storybooks	110			110

The Love Quilt Project, Inc. 46-5439225

Late Filing Penalty and Interest (990) 12/31/2015 5/16/2016 0 Late payment penalty and late interest do not apply. **Late Payment Penalty** 5/16/2016 6/16/2016 1 0.00% **Late Filing Penalty** Enter the due date for the late filing penalty . . . . . . . . . . . 5/16/2016 Enter the date the tax return will be filed . . . . . . . . . . . . 6/10/2016 Enter the amount of Gross Receipts . . . . . . . . . . . . . . . . . 6,586 25 20 329 Late Interest 5/16/2016 31 Quarterly interest rate(s) Interest Rate Number of Days Late Interest Due Per Annum 1/1/2016 3/31/2016 0.00% 0.00 to 4/1/2016 to 6/30/2016 31 0.00% 0.00 0.00 7/1/2016 to 9/30/2016 0 0.00% 10/1/2016 12/31/2016 0 0.00% 0.00 to 0.00% 1/1/2017 0 0.00 3/31/2017 to 0.00% 4/1/2017 0 0.00 6/30/2017 to 0 0.00 7/1/2017 0.00% 9/30/2017 to 0 0.00 10/1/2017 12/31/2017 0.00% to 0 0.00% 0.00 1/1/2018 to 3/31/2018 4/1/2018 6/30/2018 0 0.00% 0.00 to 7/1/2018 to 9/30/2018 0 0.00% 0.00 10/1/2018 12/31/2018 0 0.00% 0.00 to 0 329

# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
  - ► Information about Form 990 and its instructions is at www.irs.gov/form990.

B Cheef   Expelicate   Comparison   The Love Quilt Project, Inc.   Demployee   Identification number   Comparison   Comp		For the		endar year, or tax year	beginning			, and e	ending				,,	
Address change   Namine and street (or P.O. box if mail is not delivered to street address)   Room/suite   46-6439225   Rooff province of the province of t						It Project, Inc.		·		D Employ	yer identif	ication nui	mber	
Name change   Initial return   City or burned   City or		ddress	change	•										
Initial return		lama ch	ango	•	O. box if mail is no	ot delivered to st	reet address)	Room/suite						
Pital returnermixed   Amended return   Foreign province/state/country   Foreign postal code   Foreign province/state/country   Foreign postal code   Foreign province/state/country   Foreign postal code   Foreign postal	$\equiv$		_							E Telepho	one numbe	er		
Prefer treintering   Foreign province/state/county   Foreign postal code   G Gross receipts \$ 17,699	II	nitial retu	ırn	_						(703) 244	-8499			
Application pending   F Name and address of principal officer   Gretchen Ginnerty P.O. Bx 7674, Affington, VA 22207   Hi(s) is to a group return for subcordinate?   Yes   No   Tax-exempt status.   Sint(x)(x)   Gretchen Ginnerty P.O. Bx 7674, Affington, VA 22207   Hi(s) is to a group return for subcordinate?   Yes   No   Tax-exempt status.   Sint(x)(x)   Gretchen Ginnerty P.O. Bx 7674, Affington, VA 22207   Hi(s) and subcordinates included?   Yes   No   Tax-exempt status.   Sint(x)(x)   Gretchen Ginnerty P.O. Bx 7674, Affington, VA 22207   Hi(s) for all subcordinates included?   Yes   No   Website:   hith!//www.lovequilitproject.org   Hi(s) for all subcordinates included?   Yes   No   Hi(s) for all subcordinates   Yes   No   Hi(s) for	F	inal return	/terminated		Foreign				l code					
Application pending   F. Name and address of principal officor:   Gretchen Ginnerty P.O. Bx 7674, Arlington, VA 22207   H(b) Are all subordinates included?   Ves   No   No   It No.   Askand State   Ves   No   Ves   Ves   No   Ves	X	mended	l return	r oreign country name	roreign	province/state/e	Journey	r oreign posta	COGC	<b>G</b> Gross r	eceipts \$			17.699
Tax-exempt status   Sot(c)   Sot(c)   Image: Sot   Ima	$\equiv$			E Name and address of pri	nainal afficari									
Tax-exempt status:	<i>P</i>	pplication	on pending	•	·-		00007						= $i$	_
Website:					O. Bx 7674, A	rlington, VA	22207		1 ` ′					No.
Reprodection   Trust   Association   Other   Learn of formation: 2014   Machine of legal domicile: VA	I T	ax-exem	pt status:	X 501(c)(3) 501(c	c) ( ) <del>•</del>	(insert no.)	4947(a)(1)	or 527	If '	'No," attach a	a list. (see	instructions	,)	
Summary   Britery describe the organization's mission or most significant activities: The Love Quilt Project uses the power of love to change the lives of vulnerable and orphaned South African and American children, many of them affected by the HIV/AIDS pandemic.	JV	/ebsite	: ► http	://www.lovequiltproject	t.org				H(c) Gr	oup exemption	on number	•		
Summary   Britery describe the organization's mission or most significant activities: The Love Quilt Project uses the power of love to change the lives of vulnerable and orphaned South African and American children, many of them affected by the HIV/AIDS pandemic.	K F	orm of o	rganization:	X Corporation T	rust Associ	ation Othe	er <b>►</b>	L Ye	ar of form	ation: 201	⊿ Ms	State of lega	al domicile:	: \/Δ
Briefly describe the organization's mission or most significant activities: The Love Quilt Project uses the power of love to change the lives of vulnerable and orphaned South African and American children, many of them affected by the HIV/AIDS pandemic.  2 Check this box										201	<del>-</del>			V/\_
Jove to change the lives of vulnerable and orphaned South African and American children, many of them affected by the HIV/AIDS pandemic.    Check this box					on's mission o	r most signifi	cant activiti	ies The	Love O	uilt Proied	t uses t	he nowe	of	
4 Number of independent voting members of the governing body (Part VI, line 1b)   4   55	Se	'										no pono		
4 Number of independent voting members of the governing body (Part VI, line 1b)   4   55	Jan													
4 Number of independent voting members of the governing body (Part VI, line 1b)   4   55	/eri	2					s operations	s or disnose	d of mo	re than 2	5% of its	net ass	ete	
4 Number of independent voting members of the governing body (Part VI, line 1b)   4   55	ő				-		-					inct assi	J.G.	5
B   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year				•		• `	,							
B   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	ties													
B   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	Ę													1,000
B   Net unrelated business taxable income from Form 990-T, line 34.   Prior Year   Current Year	Ac	7a		,							7a			
Prior Year   Current Year		b									7b			0
Program service revenue (Part VIII, line 2g)										Prior Year		Cu	rrent Year	r
Total revenue (Part VIII, column (A), lines 5, od, 86, 96, 100, and 11e)	<u>e</u>	8									6,476			17,564
11 Otner revenue (Part VIII, column (A), lines 5, od, 8c, 9c, 10c, and 11e)	enr	9												0
11 Otner revenue (Part VIII, column (A), lines 5, od, 8c, 9c, 10c, and 11e)	Şe,										_			
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)														
14 Benefits paid to or for members (Part IX, column (A), line 4)														
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . 0 0 1,500  Professional fundraising fees (Part IX, column (A), line 11e) . 0 1,500  Total fundraising expenses (Part IX, column (D), line 25)  3,944  7 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . 5,261 6,365  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 5,261 11,270  19 Revenue less expenses. Subtract line 18 from line 12 . 1,325 6,429  Total assets (Part X, line 16) . 5,833 12,262  Total liabilities (Part X, line 26)														3,405
16a   Professional fundraising fees (Part IX, column (A), line 11e)   0   1,500														0
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	ses			•		•		,						<u>_</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	en	_									U			1,500
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	Ä	_									5 261			6 265
19 Revenue less expenses. Subtract line 18 from line 12   1,325   6,429	_													
Total assets (Part X, line 16)														
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  William Montgomery Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check if if Self-employed self-employed	or		rtovona	о 1000 охроносо: Сара	1401 1110 10 110		<u></u>		Beginn	ning of Curr		Er	ıd of Year	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  William Montgomery Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check if if Self-employed self-employed	sets lanc	20	Total as	sets (Part X, line 16) .										
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  William Montgomery Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check if if Self-employed self-employed	Ass	21												
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  William Montgomery Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check if if self-employed self-employed	Fun	22									5,833			7,962
And belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Sign	Pa	rt II	Sig	nature Block										
Sign Here  Signature of officer William Montgomery Type or print name and title  Print/Type preparer's name  Preparer's signature  Preparer's signature  Date  Check if self-employed self-employed														
Signature of officer William Montgomery Type or print name and title  Print/Type preparer's name  Preparer's signature  Preparer's signature  Date  Check if self-employed self-employed	and I	pelief, it	s true, corre	ect, and complete. Declaratio	n of preparer (oth	er than officer) is	based on all i	nformation of w	hich prep	arer has any	knowledg			
Here    Signature of officer   Date	Sig	n										11/6/20	<u>18</u>	
Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check if Self-employed	Hei	<b>e</b>		•				\ <i>t</i> :	D:-		9			
Print/Type preparer's name  Preparer's signature  Date  Check if self-employed self-employed								Vice	Presid	ent				
Paid Check if			Print	• • • • • • • • • • • • • • • • • • • •		Prenarer's sign	ature		Dat	e		PT	'IN	
I Self-employed I	Pai	d		, po proparor o namo					Dat	-	Check			
	Preparer —					SELF-PREF	PARED RE	TURN			self-emp	loyed		
Use Only Firm's name ► Firm's EIN ►		•	l	's name ►						Firm's EIN	<b>&gt;</b>			
Firm's address Phone no.	Use Only			's address ▶						Phone no.				
May the IRS discuss this return with the preparer shown above? (see instructions) Yes No	May	the IF	RS discus	ss this return with the p	oreparer show	n above? (se	e instructio	ons)				🗍	Yes	No

Other program services. (Describe in Schedule O.) (Expenses \$ 3,405 including grants of \$ 3,340 ) (Revenue \$ 0) Total program service expenses 6,634 Form **990** (2016)

orm 9	990 (2016) The Love Quilt Project, Inc. 46-54392	225	Р	age 🕻
art	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			· ·
4.0	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		
1.4	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	440		_
<b>L</b>	•	11a		Х
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	446		_
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		Х
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		_
٨	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		Х
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
^	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> .	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		$\vdash$
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	<del></del>		
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes,"			Ť
-	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 

18

19

Page 4

Checklist of Required Schedules (continued) Part IV No 20a Χ **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . . . . . . Χ 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ Did the organization answer "Yes" to Part VII. Section A. line 3. 4. or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ **24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines Χ 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . . 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . . . . . . . . . . . . . . . 25a Х **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . . 28a **b** A family member of a current or former officer, director, trustee, or key employee? *If* "Yes," *complete* 28b Χ c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . . . . . Χ 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . 29 Χ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ **32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . . . . . . . 35a **b** If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . . . . . 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check it Schedule O contains a response of note to any line in this Part V	<u> </u>	•	닏
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4 -	V	
2-	gaming (gambling) winnings to prize winners?	1c	Х	
2a				
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		$\stackrel{\wedge}{\vdash}$
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		
-14	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		1
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		├
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-dis required?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes." has it filed a Form 720 to report these payments? <i>If "No." provide an explanation in Schedule</i> O	14b	Х	

Part VI

Sect	ion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 5							
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.	41							
b	, , ,								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation business relation business relationship or a business relation business relation business relation business			V					
•	any other officer, director, trustee, or key employee?		2	Χ					
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?								
4		•	<u>3</u> 4		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		5		X				
5 6	Did the organization become aware during the year of a significant diversion of the organization' Did the organization have members or stockholders?		6		X				
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect		0						
ı a	one or more members of the governing body?		7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		1 a						
	stockholders, or persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions underta				7.				
-	the year by the following:	9							
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b		Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e reached							
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	)	9		Χ				
Sect	ion B. Policies (This Section B requests information about policies not required by the I	nternal Revenue C	ode.)	1					
				Yes	No				
	Did the organization have local chapters, branches, or affiliates?		10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of suc		4.01						
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt Has the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided as the organizati		10b 11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ore ming the form? .	па	^					
12a			12a		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?								
	describe in Schedule O how this was done		12c						
13	Did the organization have a written whistleblower policy?		13		Χ				
14	Did the organization have a written document retention and destruction policy?		14		Х				
15	Did the process for determining compensation of the following persons include a review and app	roval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation								
а	The organization's CEO, Executive Director, or top management official		15a		X				
b	Other officers or key employees of the organization		15b		Χ				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	•	4.0		\ \				
	with a taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to every participation in joint venture arrangements under applicable federal tax law, and take steps to sa								
	the organization's exempt status with respect to such arrangements?	•	16b						
Sect	ion C. Disclosure				<u> </u>				
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ► VA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501(c	)(3)s (	only)					
	available for public inspection. Indicate how you made these available. Check all that apply.	·							
Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of interest բ	olicy,	and					
	financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization'		<b>•</b>						
	Kevin Ginnerty P.O. Box 7674, Arlington, VA 22207	(703) 669-8114							

46-5439225	
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### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Key employee  Officer Individual trustee  or director		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) Gretchen Ginnerty	8.00	.,		.,				_	_
President	0.00	Х		Χ			0	0	0
(2) William Montgomery	6.00			V					
Vice President	0.00	Х		Χ			0	0	0
(3) Jennifer Thorp	2.00	· ·		V					
Secretary (A) Michael Burell	0.00	Х		Χ			0	0	0
(4) Michael Purcell	1.00							_	
Director	0.00	Х					0	0	0
(5) Craig Phillips	0.25	Х							
Director  (6) Kovin Cinnorty	0.00 1.00	^					0	0	0
_ <b>(6)</b> Kevin Ginnerty Treasurer	0.00			Х			0	0	
				^			U	U	0
	0.23						0	0	0
							0	U	0
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

	990 (2016)	The Love Quilt Project, Inc.									46-543		Page <b>8</b>
P	art VII	Section A. Officers, Directors, T	rustees, Key E	mplo	yee	s, a	ınd	High	est	Compensated	Employees (co	ntinued	)
		(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	erson	e than is both or/trus	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estir amo ot compe fror orgar and r	F) mated unt of her ensation in the initiation related izations
(15)								۵					
(16)				_									
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total								<b>&gt;</b>	0	0		0
С		n continuation sheets to Part VII,								0			C
d_	Total (add	d lines 1b and 1c).							<u>.</u>	0			C
2		ber of individuals (including but not compensation from the organization		listed	abo	ove 0	) wr	no rec	eiv	ed more than \$1	100,000 of		
	Теропале	s compensation from the organization	)II			U						Υ	es No
3	Did the or	ganization list any <b>former</b> officer, d	irector, or trustee	e, key	em/	plo	yee	, or h	igh	est compensate	d	-	110
	employee	on line 1a? If "Yes," complete School	edule J for such	indivi	dua	Ϊ.						3	Х
4	-	dividual listed on line 1a, is the sun	•	-						•			
	•	ization and related organizations gr						•			such		
_												4	X
5		erson listed on line 1a receive or ac es rendered to the organization? <i>If</i> '										5	X
Sec		ependent Contractors	,			-	<u> </u>	<u></u>					
1		this table for your five highest compation from the organization. Report										ı's tax	
	-	( <b>A)</b> Name and business ad	dress							(B) Description of ser	rvices (	(C) Compensa	ıtion
													C
													0
													0
													0
2	Total num	ber of independent contractors (inc	ludina but not lin	nited t	to th	1056	e lis	ted a	bov	ve) who received			0
_		s \$100,000 of compensation from the	•	III.CG			٠،،٥	0		-, 10001100			

Part VIII	Statement of Revenue
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		Check if Schedule O contains a response or note to any line	in this Part VIII.			
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
S, G	С	Fundraising events				
Sift lar/	d	Related organizations				
imi	е	Government grants (contributions) 1e 0				
rtior er S	f	All other contributions, gifts, grants, and				
ë ş		similar amounts not included above 1f 9,935				
ont	g	Noncash contributions included in lines 1a-1f: \$ 0				
O B	h	<b>Total.</b> Add lines 1a–1f ▶	17,564			
e		Business Code				
lu /eu	2a		0			
Re-	b		0			
/ice	С		0			
Ser	d		0			
톭	е		0			
Program Service Revenue	f	All other program service revenue	0			
P	g	<b>Total.</b> Add lines 2a–2f ▶	0			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	0			
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties	0			
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss) 0 0				
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory . 0 0				
	b	Less: cost or other basis				
		and sales expenses 0 0				
	С	Gain or (loss)				
	d	Net gain or (loss)	0			
an	8a	Gross income from fundraising				
Ver		events (not including \$0				
Re		of contributions reported on line 1c).				
e		See Part IV, line 18				
Other Revenue		Less: direct expenses b 0				
		Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities.				
		See Part IV, line 19				
		Less: direct expenses b 0				
		Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less				
		returns and allowances a 135				
		Less: cost of goods sold b 0	405			
	С	Net income or (loss) from sales of inventory	135			
ļ	44-	Miscellaneous Revenue Business Code	^			
	11a		0			
	b		0			
	C	All all or reverse	0			
	d	All other revenue	0			
	e 12	Total revenue See instructions	17 699	0	0	0

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Check if Schedule O contains a response or note to any line in this Part IX	

	Official if Confedence O contains a response of flote	to any mio m tino i	arristi i i i i		· · · <u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	3,405	3,405		
4	Benefits paid to or for members	0,400	·		
5	Compensation of current officers, directors,	0			
3	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified	U		U	
0	persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4956(r)(1)) and persons described in section 4958(c)(3)(B)	0			
-		0			
7	Other salaries and wages	U			
8	Pension plan accruals and contributions (include	0			
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	1,500			1,500
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	487		345	142
13	Office expenses	675	327	348	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	230	230		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,027	1,027		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Home & Garden Tour	2,124			2,124
b	Note Cards for sale	178			178
С	Quilt/art square supplies	1,644	1,644		
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e .	11,270	6,633	693	3,944
26	Joint costs. Complete this line only if the	-			
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here  if				
	following SOP 98-2 (ASC 958-720)				
	3 /				

### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	5,833	1	12,262
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,833	16	12,262
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	4,300
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
⊐	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	4,300
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc anc	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets		28	
D E	29	Permanently restricted net assets		29	
Ę		·			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here			
S O	0.0			00	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	5.000	31	7.000
et	32	Retained earnings, endowment, accumulated income, or other funds	5,833	32	7,962
Z	33	Total net assets or fund balances	5,833		7,962
	34	Total liabilities and net assets/fund balances	5,833	34	12,262

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .

Form **990** (2016)

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# SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** 

The Love Quilt Project, Inc. 46-5439225 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations . . . . . . . . . . . . . 0 Provide the following information about the supported organization(s). g (i) Name of supported organization (iii) Type of organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total 0 0

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

960	ction A. i ubiic Support						
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						0
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	<b>(f)</b> Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the or	ganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and $\boldsymbol{stop\ here}$ .						
Sec	ction C. Computation of Public Sup	port Percenta	qe				
	Public support percentage for 2016 (line 6, c			(f))		14	0.00%
	Public support percentage from 2015 Schedu					15	0.00%
16a	33 1/3% support test—2016. If the organiza	tion did not check	the box on line 13	and line 14 is 33	1/3% or more.		
	and <b>stop here.</b> The organization qualifies as						
b	33 1/3% support test—2015. If the organiza	tion did not check	a box on line 13 o	r 16a. and line 15 i	is 33 1/3% or more	. check this	
_	box and <b>stop here</b> . The organization qualifie						
17a	10%-facts-and-circumstances test—2016.	If the organization	did not check a ho	ov on line 13 16a	or 16h and line 14	L	·
114	is 10% or more, and if the organization meet						
	Part VI how the organization meets the "facts				•		
	organization		-	•			▶
b	10%-facts-and-circumstances test—2015.	If the organization	did not check a bo	ox on line 13, 16a,	16b, or 17a, and li	ne	<u></u>
	15 is 10% or more, and if the organization me					xplain in	
	Part VI how the organization meets the "facts		-	•			. —
	supported organization						
18	<b>Private foundation.</b> If the organization did n	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		<b></b>
	instructions						<b>▶</b>

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support	(a) 2012	(b) 2012	(a) 2014	(4) 2015	(a) 2016	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees				4.050	0.005	44.50
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise				1,650	9,935	11,58
	sold or services performed, or facilities						
	furnished in any activity that is related to the					405	0.44
_	organization's tax-exempt purpose				110	135	245
3	Gross receipts from activities that are not an				4 000	7 000	44.05
	unrelated trade or business under section 513				4,826	7,029	11,85
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						,
_	its behalf						
5	furnished by a governmental unit to the						
	organization without charge						(
6	Total. Add lines 1 through 5	0	0	0	6,586	17,099	23,68
	Amounts included on lines 1, 2, and 3	- 0	0		0,500	17,033	20,000
<i>i</i> a	received from disqualified persons						(
h	Amounts included on lines 2 and 3 received						
~	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						(
С	Add lines 7a and 7b	0	0	0	0	0	(
8	Public support (Subtract line 7c from						
	line 6.)						23,685
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	<b>(f)</b> Total
9	Amounts from line 6	0	0	0	6,586	17,099	23,68
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources .						(
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						(
С	Add lines 10a and 10b	0	0	0	0	0	(
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						(
13	Total support. (Add lines 9, 10c, 11,			•	0.500	47.000	00.00
4.4	and 12.)	0	0	0 or fifth toy year		17,099	23,68
14	organization, check this box and <b>stop here</b> .						<b>&gt;</b> 🔀
Sac	ction C. Computation of Public Supp						
15	Public support percentage for 2016 (line 8, col			F))		15	0.00%
16	Public support percentage from 2015 Schedul					16	0.00%
	ction D. Computation of Investment					10	0.007
17	Investment income percentage for 2016 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2015 Sch		-			18	0.00%
	33 1/3% support tests—2016. If the organiza						
	not more than 33 1/3%, check this box and sto						▶
b	33 1/3% support tests—2015. If the organiza	ation did not check	a box on line 14 o	or line 19a, and lin	e 16 is more than 3	33 1/3%, and	-
	line 18 is not more than 33 1/3%, check this be	ox and <b>stop here</b>	. The organization	qualifies as a pub	olicly supported org	anization	<b>.</b> <u> </u>
20	Private foundation. If the organization did no	t check a box on l	ine 14, 19a, or 19b	o, check this box a	and see instructions	S	▶

Yes No

### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. A	∖II Sup	porting (	Organi	izations
--------------	---------	-----------	--------	----------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status
- under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	7		
?	8		
d	0		
•	9a		
	9b		
	9с		
	10a		
	10b		
orm 9	90 or	990-EZ	2) 2016

# Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rgan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyi	ng tri	ust on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	aniza	tions must complete Sections	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	ally in	tegrated Type III supportir	ig organization (see
instructions).	-		•

Part '	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in <b>Part VI</b> ). See instructions.			
	<b>Total annual distributions.</b> Add lines 1 through 6.			0
	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			0
	Line 8 amount divided by Line 9 amount			0.000
			(ii)	(iii)
Se	ction E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
•		<b>Excess Distributions</b>	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			0
<u> </u>	Underdistributions, if any, for years prior to 2016			J
2	(reasonable cause required—explain in Part VI). See			
_	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a	Excess distributions carryover, if any, to 2010.			
a b				
	From 2013			
	From 2014			
	E 0045			
	Total of lines 3a through e	0		
	Applied to underdistributions of prior years	0	0	
	Applied to 2016 distributable amount		<u> </u>	0
	Carryover from 2011 not applied (see instructions)			U
<del></del>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2016 from	U		
4				
	Section D, line 7: \$ 0 Applied to underdistributions of prior years		0	
	Applied to 2016 distributable amount		<u> </u>	0
	Remainder. Subtract lines 4a and 4b from 4.	0		0
5	Remaining underdistributions for years prior to 2016, if	0		
3				
	any. Subtract lines 3g and 4a from line 2. For result		0	
6	greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for 2016. Subtract lines 3h		0	
0	•			
	and 4b from line 1. For result greater than zero, explain in			0
7	Part VI. See instructions.			0
7	Excess distributions carryover to 2017. Add lines 3j			
0	and 4c. Breakdown of line 7:	0		
8	DIEGRUOWII UI IIIIE 1.			
<u>a</u>	Evacos from 2012			
	Excess from 2013			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Fo	orm 990 or 990-EZ) 2016	The Love Quilt Pro	ject, Inc.			46-5439225	Page <b>8</b>
Part VI	Supplemental Info	rmation. Provide the		quired by Part II, li	ne 10; Part II, line 1	17a or 17b; Part	
Part VI						art v, Section E,	
	lines 2, 5, and 6. Als	so complete this part i	or any additiona	al information. (See	e instructions.)		
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section B, line 1e, Part V, Section B, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
<b></b>	·			<b>_</b> _			· <b>-</b> -

# **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

The Love Quilt Project, Inc.	46-5439225
Form 990, Part III, Line 4d: Program Service Expenses: 3,405, Grants and alloc	ations: 3,340,
Revenue: 0. LQP provided \$3340 to the St. Francis Outreach Trust to support the	ne education fund
for recipients of Love Quilts.	
Form 990, Part VI, Section B, Line 11b: Form 990 was completed by the Vice Pro	esident with data
provided by the Treasurer and reviewed by the Board.	
Form 990, Part VI, Section C, Line 19: Governing documents and financial stater	ments are
available on request.	

Schedule O (Form 990 or 990-EZ) (2016)	Page	2
Name of the organization	Employer identification number	
The Love Quilt Project, Inc.	46-5439225	

The Love Quilt Project, Inc. 46-5439225

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Noncash
1 Federated Campaigns	1	
2 Membership dues	2	
3 Fundraising events	<b>3</b> 7,629	
4 Related organizations	4	
5 Government grants (contributions)	5	
6 All other contributions, gifts, grants, and similar amounts not included above:		
	9,935	
Other contributions total	<b>6</b> 9,935	0
<b>7</b> Total	<b>7</b> 17,564	0

The Love Quilt Project, Inc. 46-5439225

# Part VIII, Line 10 (990) - Gross Sales of Inventory

	Total	135	0		135
			Cost of		
	Category	Gross Sales	Goods Sold	Net	
1	Sale of Lily's Love Quilt children's storybook	135			135

# Form **990**

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Do not enter social security numbers on this form as it may be made public. 
• Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2017 cai	endar year, or tax year beginn			, and e	naing	1			
B	Check if	applicable:		_ove Quilt Project, In	IC.			D Employ	er identific	ation number	
/	Address	change	Doing business as			T					
П,	Name ch	ango	Number and street (or P.O. box it	f mail is not delivered to	street address)	Room/suite		46-54392			
닏'	varrie cri	ange	4250 N. Glebe Road					E Telepho	ne number		
ا ا	nitial retu	urn	City or town		State	ZIP code		(703) 244	8/100		
П	inal roturn	/terminated	Arlington		VA	22207		(100) 244	-0 <del>-1</del> 33		
님'	mai retum	//terminated	Foreign country name	Foreign province/stat	e/county	Foreign postal	l code				
/	Amended	d return						<b>G</b> Gross re	eceipts \$		15,650
	Application	on pending	F Name and address of principal of	flicer:			H(a) Is th	is a group retur	n for subordir	nates?	es X No
			Gretchen Ginnerty, 5600 Wi	smer Road, Pipers	sville, PA 189	47	H(b) Are	e all subordina	ates include	ed? Y	es No
	av-evem	npt status:	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1)		1	No," attach a			<u> </u>
		•	p://www.lovequiltproject.org	) 4 (113611110.)	+5+7 (d)(1)	01 021		oup exemptio			
		rganization:		Association O	ther >	I Vos					aila
				Association U	otner 🖊	L Yea	ar of form	ation: 2014	1 IN Sta	ate of legal domi	cile: VA
F	art I		mmary	issian ar maat sign	rificant activiti	an The	Lava	uilt Draina	t uses the	o nower of	
Ģ	1	-	describe the organization's mi						i uses inc	e power of	
ũ			change the lives of vulnerable		outh African a	ind America	n chilar	en,			
Governance		many of	f them affected by the HIV/All	DS pandemic.							
Š	2	Check t	his box ▶ if the organiza	ation discontinued	its operations	s or dispose	d of mo	re than 25	% of its r	net assets.	
	3	Number	r of voting members of the go	verning body (Par	t VI, line 1a) .				3		5
<u>«ک</u>	4	Number	r of independent voting memb	pers of the governi	ing body (Par	t VI, line 1b)	)		4		5
Ë	5		ımber of individuals employe	-					5		0
≅	6		umber of volunteers (estimate						6		1,000
Activities &	7a		related business revenue fro						7a		0
	b		elated business taxable incor						7b		0
		Not unit	siated business taxable intool	ne nom rom 550	- 1, III O O + .		<u></u>	Prior Year	,,,,	Current \	
	8	Contribu	utions and grants (Part VIII, li	ne 1h)					17,564	ourroin i	15,510
e e									0		
Revenue	9		n service revenue (Part VIII, I								0
Ş.	10								0		0
_	11								135		140
	12								17,699		15,650
	13		and similar amounts paid (Pa	. , ,	,				3,405		5,603
	14		s paid to or for members (Par	. , ,	,				0		0
es	15		, other compensation, employee						0		1,500
sus	16a		ional fundraising fees (Part I)						1,500		2,450
Expenses	b	Total fu	ndraising expenses (Part IX,	column (D), line 2:	5) ▶	4,219					
Ш	17	Other ex	xpenses (Part IX, column (A)	, lines 11a–11d, 1	1f–24e) .   .				6,365		8,030
	18	Total ex	κpenses. Add lines 13–17 (mι	ust equal Part IX, o	column (A), lii	ne 25) .   .			11,270		17,583
	19	Revenu	e less expenses. Subtract lin	e 18 from line 12.					6,429		-1,933
or ces							Beginn	ing of Curre	nt Year	End of Y	ear
Net Assets or Fund Balances	20	Total as	ssets (Part X, line 16)						12,262		16,119
t As	21	Total lia	ibilities (Part X, line 26)						4,300		10,090
S F	22	Net ass	ets or fund balances. Subtrac	ct line 21 from line	20				7,962		6,029
Pa	rt II	Sig	nature Block								
	•		ry, I declare that I have examined this						•	•	
and	beliet, it	is true, corre	ect, and complete. Declaration of prep	parer (otner than oπicer	) is based on all i	ntormation of w	nich prep	arer nas any			
Sig	ın								1	1/14/2018	
He	re	_   (	Signature of officer					Date			
			William Montgomery			Vice	Preside	ent			
			Type or print name and title	15 .			15.	-		l news	
D- 1	اما	Prin	t/Type preparer's name	Preparer's si	ignature		Date	е	Check	if PTIN	
Pai				SFI F-PRI	EPARED RE	TURN			self-employ		
	parer			OLLI -i IVI	, ,, \					<u>-</u>	
Us	e Only	y	n's name					Firm's EIN			
		Firm	n's address ►					Phone no.		<b>—</b>	
	. 41 15	00 4:	on this return with the proper		:					V Vac	I I L

Ad Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ▶ 9,634

Form 990 (2017)

Form 990 (2017) The Love Quilt Project, Inc.

Part IV Checklist of Required Schedules

	·	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		^
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		^
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	401		V
13	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	. <del></del> u		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.5		,,
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	47		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

# Form 990 (2017) The Love Quilt Project, Inc. Part IV Checklist of Required Schedules (continued) Part IV

			Yes	NO
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		V
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		Χ
b	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	200		
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	24		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		X
<b>-</b>	If "Yes," complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	256		
36	entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line</i> 2	35b		
55	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check it Schedule O contains a response of note to any line in this Part V	• •		닏
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4 -	V	
2-	gaming (gambling) winnings to prize winners?	1c	Х	
2a				
h	Statements, filed for the calendar year ending with or within the year covered by this return	2b		
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		_^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		
ти	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			Ĥ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	l		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	7h		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	0	Х	
9	Sponsoring organizations maintaining donor advised funds.	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	44-		V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
D	ii Tes. Has it lieu a colli 720 to lepoit these payments? Il Ivo, provide an explanation in schedule U	14b	ı	ιĀ

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Х 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?. 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ 13 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х Χ If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Own website Another's website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: Kevin Ginnerty (703) 669-8114 5600 Wismer Road, Pipersville, PA 18947

46-5439225	46-	-543922	25
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# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	òοx,	unles er an	s pe	ition more rson	n oth the strain or trusted et is or employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Gretchen Ginnerty	8.00									
President	0.00	Х		Х						
(2) William Montgomery										
	0.00	Х		Х						
Vice President (3) Jennifer Thorp										
Secretary	0.00	Х		Х						
(4) Susan Bentley	1.00			,,						
Director	0.00	Х								
(5) Craig Phillips	0.25	- , ,								
Director	0.00	Х								
(6) Kevin Ginnerty	1.00									_
Treasurer	0.00			Х						
(7) Bruce Jolly	0.25									,
Incorporator and Registered Agent	0.00									
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

c Total from continuation sheets to Part VII, Section A		990 (2017)	The Love Quilt										46-543		Page <b>8</b>
Name and tille    10	P	art VII	Section A. Officers	, Directors, T	rustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntinue	ed)
(15) (16) (17) (18) (29) (21) (22) (23) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29					Average hours per week (list any hours for related organizations below dotted	box,	unles er an	Pos neck ss pe	more more erson	e than is botl or/trus	h an tee)	Reportable compensation from the organization	Reportable compensation from related organizations	comports organical	timated nount of other pensation om the anization d related
(29) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(15)									ed.					
(29).  (21).  (22).  (23).  (24).  (25).  (26).  (27).  (28).  (29).  (20).  (20).  (20).  (21).  (22).  (23).  (24).  (25).  (26).  (27).  (28).  (29).  (29).  (29).  (29).  (29).  (29).  (29).  (29).  (20).  (20).  (20).  (20).  (20).  (21).  (22).  (23).  (24).  (25).  (26).  (27).  (28).  (29).  (29).  (29).  (29).  (29).  (20).  (20).  (20).  (20).  (21).  (22).  (23).  (24).  (25).  (25).  (26).  (27).  (27).  (28).  (29).  (20).  (20).  (20).  (20).  (20).  (20).  (20).  (20).  (20).  (20).  (20).  (20).  (20).  (20).  (20).  (20).  (20).  (20).  (21).  (22).  (23).  (25).  (25).  (26).  (27).  (27).  (28).  (29).  (29).  (29).  (29).  (29).  (29).  (29).  (29).  (29).  (20).  (21).  (21).  (22).  (23).  (25).  (25).  (25).  (25).  (26).  (27).  (27).  (28).  (29).  (29).  (29).  (29).  (29).  (29).  (29).  (29).  (29).  (29).  (29).  (29).  (29).  (20).  (2	(16)														
(29)	(17)														
(20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(18)														
(21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(19)														
(23)   (23)   (24)   (25)															
(24)															
Case															
Sub-total															
1b Sub-total .															
Total from continuation sheets to Part VII, Section A															
Total (add lines 1b and 1c)	1b												_	1	0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual    To rany individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual    Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person    Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	-													_	
reportable compensation from the organization    Yes   No	2	Total num	hher of individuals (inc		limited to those	 listed	ahr	· ·	 \ w.b	o rec	Piv				U
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	-		•	-		iiotou			, **:	10 100	CIV	ca more triair y	100,000 01		
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)  Name and business address Description of services Compensation  COMPENSATION OF SERVICES COMPENSATIO		<b>'</b>		<u> </u>											Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3		-			-		-	-		-	•			
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual				-										3	X
individual	4	-			•	-						•			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		•	-										sucn	1	Y
for services rendered to the organization? If "Yes," complete Schedule J for such person	5												dividual	7	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation														5	Х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation	Sec														
Name and business address  Description of services  Compensation	1	compensa												n's tax	
Total number of independent contractors (including but not limited to those listed above) who received			Name		dress								vices		
Total number of independent contractors (including but not limited to those listed above) who received															0
2 Total number of independent contractors (including but not limited to those listed above) who received															0
Total number of independent contractors (including but not limited to those listed above) who received															
Total number of independent contractors (including but not limited to those listed above) who received															0
	2		-	•	•		to th	1056	e lis			ve) who received			

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any line	in this Part VIII			🔲
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, s	1a	Federated campaigns				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
s, G Amo	С	Fundraising events				
ìifts ar A	d	Related organizations				
imil	е	Government grants (contributions) 1e 0				
tion er S	f	All other contributions, gifts, grants, and				
ribu Othe		similar amounts not included above   1f   7,713				
onti nd (	g	Noncash contributions included in lines 1a-1f: \$ 0				
O B	h	<b>Total.</b> Add lines 1a–1f	15,510			
Je		Business Code				
/en	2a		0			
Rev	b		0			
ice	С		0			
Serv	d		0			
E S	е		0			
Program Service Revenue	f	All other program service revenue	0			
Pro	g	<b>Total.</b> Add lines 2a–2f	0			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	0			
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties	0			
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss) 0				
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory . 0 0				
	b	Less: cost or other basis				
		and sales expenses 0				
	С	Gain or (loss) 0				
	d	Net gain or (loss)	0			
ne	8a	Gross income from fundraising				
/en		events (not including \$0				
₹e\		of contributions reported on line 1c).				
er I		See Part IV, line 18				
Other Revenue		Less: direct expenses b				
		Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities.				
		See Part IV, line 19				
		Less: direct expenses b				
		Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less				
		returns and allowances				
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ▶	140			
		Miscellaneous Revenue Business Code				
	11a		0			
	b		0			
	С		0			
	d	All other revenue	0			
	е	<b>Total.</b> Add lines 11a–11d ▶	0			
	12	Total revenue. See instructions	15,650	0	0	0

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Check if Schedule O contains a response or note to any line in this Part IX	1

	Check if Schedule O contains a response or note	to any line in this i	Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic	0			
_	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign	0			
3	<u>~</u>				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	E 000	E 000		
	Benefits paid to or for members	5,603 0	5,603		
4		U			
5	Compensation of current officers, directors,	0			
•	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,500		1,500	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	2,450			2,450
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	96		16	80
13	Office expenses	711	353	358	
14	Information technology	1,574		1,574	
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	282		282	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Home & Garden Tour	1,489			1,489
b	Note Cards for sale	0			
С	Quilt/art square supplies	3,678	3,678		
d	Gala	200			200
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e .	17,583	9,634	3,730	4,219
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	12,262	1	16,119
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section	-		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţs		organizations (see instructions). Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	3
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	12,262	16	16,119
	17	Accounts payable and accrued expenses	0	17	
	18	Grants payable	4,300	18	10,090
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0	22	
L	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	4,300	26	10,090
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
ces		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	0	27	
Bal	28	Temporarily restricted net assets	0	28	
ρl	29	Permanently restricted net assets	0	29	
Fur		Organizations that do not follow SFAS 117 (ASC958), check here			
Net Assets or Fund Balances		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0	30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	_
t A	32	Retained earnings, endowment, accumulated income, or other funds	7,962	32	6,029
Ne	33	Total net assets or fund balances	7,962	33	6,029
	24	Total liabilities and not assets/fund balances	12.262	24	16 110

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .

Form **990** (2017)

3b

# **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

46-5439225

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Love Quilt Project, Inc.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Pa	rt I	Reason for Public Char	ity Status (All org	janizations must cor	nplete th	is part.) 🤄	See instructions.				
The	orga	anization is not a private founda									
1		A church, convention of church	hes, or association (	of churches described	l in <b>secti</b>	on 170(b)	(1)(A)(i).				
2		A school described in section	170(b)(1)(A)(ii). (A	ttach Schedule E (Fo	rm 990 or	990-EZ).	)				
3		A hospital or a cooperative hos	spital service organi	ization described in <b>s</b>	ection 17	'0(b)(1)(A	)(iii).				
4		A medical research organization	on operated in conju	unction with a hospital	describe	d in <b>secti</b>	on 170(b)(1)(A)(iii)	. Enter the			
		hospital's name, city, and state	e: <u></u>						_		
5		An organization operated for the section 170(b)(1)(A)(iv). (Cor		ge or university owned	d or opera	ated by a g	governmental unit d	escribed in			
6		A federal, state, or local gover	nment or governme	ntal unit described in	section '	170(b)(1)(	A)(v).				
7		An organization that normally described in <b>section 170(b)(1</b>			rom a go\	/ernmenta	Il unit or from the ge	eneral public			
8		A community trust described in	n section 170(b)(1)	(A)(vi). (Complete Pa	ırt II.)						
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross									
10	Х	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt function to its exempt function to its income and unrela	ons—subject to certai ted business taxable i	n exception income (le	ons, and ( ess section	2) no more than 33 n 511 tax) from bus	1/3% of its	•		
11		An organization organized and	d operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).				
12		An organization organized and of one or more publicly suppor Check the box in lines 12a thro	ted organizations d	escribed in section 5	09(a)(1) o	or section	509(a)(2). See sec	ction 509(a)(3).			
а		Type I. A supporting organi the supported organization( organization. You must co	(s) the power to reg mplete Part IV, Se	ularly appoint or elect ctions A and B.	a majority	of the dir	ectors or trustees o	of the supporting			
b		Type II. A supporting organ control or management of the organization(s). You must	he supporting orgar	nization vested in the							
С		Type III functionally integ						tegrated with,			
4		its supported organization(s						organization(a)			
d		that is not functionally integ requirement (see instruction	rated. The organiza	ition generally must sa	atisfy a dis	stribution r	equirement and an				
е		Check this box if the organi	zation received a w	ritten determination fro	om the IR	S that it is		ype III			
_		functionally integrated, or T	* *	, , , , , , , , , , , , , , , , , , , ,					1		
f		Enter the number of supported	•					0	1		
g		Provide the following information  Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	-		
		· · · · ·		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)			
				, , , ,		1	,	,			
					Yes	No			_		
A)											
B)									-		
(C)									-		
D)									_		
E)									-		
E)											
Γota	ıl						0	0	-		

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		<u>,                                    </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
4	<b>Total.</b> Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
•	similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
	Gross receipts from related activities, etc. (se	,				12	
13	First five years. If the Form 990 is for the org						. [
	organization, check this box and <b>stop here</b> .						▶
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2017 (line 6, co					14	0.00%
15	Public support percentage from 2016 Schedu					15	0.00%
	<b>33 1/3% support test—2017.</b> If the organizat and <b>stop here.</b> The organization qualifies as	a publicly supporte	ed organization .				· · · · •
b	<b>33 1/3% support test—2016.</b> If the organization and <b>stop here.</b> The organization qualifies						<b>.</b>
17a	10%-facts-and-circumstances test—2017. I is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization	the "facts-and-cire and-circumstance	cumstances" test, es" test. The organ	check this box and ization qualifies as	d <b>stop here</b> . Expla s a publicly suppor	in in ed	<b>&gt;</b>
b	10%-facts-and-circumstances test—2016. In 15 is 10% or more, and if the organization metaplain in Part VI how the organization meets supported organization.	eets the "facts-ar the "facts-and-cir	id-circumstances" cumstances" test.	test, check this b The organization	oox and <b>stop here.</b> qualifies as a publi	cly	- 
18	Private foundation. If the organization did no	ot check a box on I	ine 13, 16a, 16b,	17a, or 17b, check	this box and see		·
	instructions						_

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### Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support			1		T	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")			1,650	9,935	7,323	18,908
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose			110	135	140	385
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			4,826	7,029	7,797	19,652
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						C
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						C
6	Total. Add lines 1 through 5	0	0	6,586	17,099	15,260	38,945
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						C
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						C
С	Add lines 7a and 7b	0	0	0	0	0	C
8	Public support (Subtract line 7c from						
	line 6.)						38,945
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
9	Amounts from line 6	0	0	6,586	17,099	15,260	38,945
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						C
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						C
С	Add lines 10a and 10b	0	0	0	0	0	C
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						C
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						C
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	6,586			38,945
14	First five years. If the Form 990 is for the org			-			
	organization, check this box and <b>stop here</b> .						<b>▶</b> X
Sec	ction C. Computation of Public Supp	port Percenta	ge				
15	Public support percentage for 2017 (line 8, co	lumn (f) divided b	y line 13, column (	f))		15	0.00%
16	Public support percentage from 2016 Schedul	le A, Part III, line 1	15			16	0.00%
Sec	ction D. Computation of Investment						
17	Investment income percentage for 2017 (line	10c, column (f) di	vided by line 13, co	olumn (f))		17	0.00%
18	Investment income percentage from 2016 Sch	nedule A, Part III,	line 17			18	0.00%
19a	33 1/3% support tests—2017. If the organiza	ation did not check	the box on line 14	4, and line 15 is mo	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organization		
b	33 1/3% support tests—2016. If the organiza	ation did not check	c a box on line 14	or line 19a, and line	e 16 is more than 3	33 1/3%, and	<u> </u>
	line 18 is not more than 33 1/3%, check this b	ox and stop here	. The organization	qualifies as a pub	licly supported org	anization	<b>.</b> <u>L</u>
20	Private foundation. If the organization did no	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	S	▶

### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. A	∖II Sup	porting (	Organizations
--------------	---------	-----------	---------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes, " provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			ı
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Saati	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Secu	on C. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u> </u>	l l	l
	on the most proving organization		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( see in	struc	tions	).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	tions).
2			Yes	
2	Activities Test. Answer (a) and (b) below.		res	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	_a		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Vos." describe in Part VI the role placed by the organization in this regard	26		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng tru	ust on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	aniza	tions must complete Sections	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	illy in	tegrated Type III supportir	ig organization (see
instructions)			

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
	Amounts paid to perform activity that directly furthers exen	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in <b>Part VI</b> ). See instructions.			
	<b>Total annual distributions.</b> Add lines 1 through 6.			0
	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
	<u> </u>		(ii)	(iii)
Se	ction E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
		Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017			·
2	(reasonable cause required—explain in <b>Part VI</b> ). See			
_	instructions.			
3	Excess distributions carryover, if any, to 2017			
a	Expose distributions sarry over, if any, to 2017			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e	0		
	Applied to underdistributions of prior years	,	0	
	Applied to 2017 distributable amount		J	0
i	Carryover from 2012 not applied (see instructions)			·
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from			
	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
	Applied to 2017 distributable amount		Ţ.	0
	Remainder. Subtract lines 4a and 4b from 4.	0		·
5	Remaining underdistributions for years prior to 2017, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h		J	
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j			<u> </u>
•	and 4c.	0		
8	Breakdown of line 7:			
	Excess from 2013 0			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

# SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

, or 16.

2017
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

The Love Quilt Project, Inc.					46-5439225
			e the United States. Comp	olete if the organization and	
assistance, the grante	es' eligibility for	the grants or as	cords to substantiate the amount of sistance, and the selection control of the selection control	riteria used to award	X Yes No
2 For grantmakers. Des assistance outside the		ne organization's	s procedures for monitoring t	he use of its grants and otl	ner
3 Activities per Region. (	The following Pa	rt I, line 3 table	can be duplicated if additiona	al space is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<ul><li>3a Sub-total</li><li>b Total from continuation sheets to Part I</li></ul>	0	_			0
C Totale (add lines 2s and 2h)	1	l o			Λ.

<b>Grants and Other Assistance to Organizations or Entities Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
St. Francis (1) Outreach		South Africa	Education fund	\$5576	Wire transfer	None		
Trust (2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Part III can be duplic	<u>cated if additional space is</u>	needed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
_ (2)							
_(3)							
_(4)							
(5)							
_(6)							
(7)							
_(8)							
_(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
<u> </u>	<u> </u>			1	1		

Part IV	Foreign	Forms
Partiv	Foreign	FOI IIIS

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization The Love Quilt Project, Inc. 46-5439225 Form 990, Part III, Line 4d: Program Service Expenses: \$9634, Grants and allocations: \$5576. LQP provided \$5576 to the St. Francis Outreach Trust to suport the education fund for recipients of Love Quilts. Form 990, Part VI, Section B, Line 11b: Form 990 was completed by the Vice President with data provided by the Treasurer and reviewed by the Board Form 990, Part VI, Section C, Line 19: Governing documents and financial statements are available on request.

Schedule O (Form 990 or 990-EZ) (2017)	Pa	age	2
Name of the organization	Employer identification number		
The Love Quilt Project, Inc.	46-5439225		

The Love Quilt Project, Inc. 46-5439225

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1 Federated Campaigns	1		·
2 Membership dues	2		
3 Fundraising events		7,797	
4 Related organizations			
<b>5</b> Government grants (contributions)	5		
<b>6</b> All other contributions, gifts, grants, and similar amounts not included above:			
Donations from the public		7,323	
PayPal account		390	
	—		
Other contributions total	6	7,713	0
<b>7</b> Total	7	15,510	0

The Love Quilt Project, Inc. 46-5439225

## Part VIII, Line 10 (990) - Gross Sales of Inventory

	Total:	140	0		140
			Cost of		
	Category	Gross Sales	Goods Sold	Net	
1	Sale of note cards and books	140			140

# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
  - ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	e 2018 ca	lendar year, or tax year b	eginning			, and e	nding					
В	Check if	applicable:	C Name of organization	The Love Qui	lt Project, Inc				D Employ	er identific	ation numb	er	
Ш	Address	change	Doing business as				_						
П	Name ch	ango	Number and street (or P.O.	box if mail is not	delivered to str	eet address)	Room/suite		46-543922	25			
므	Name Cn	ange	4250 N. Glebe Road						E Telepho	ne number			
Ш	Initial retu	urn	City or town			State	ZIP code		(703) 244-	.8499			
П	Final return	/terminated	Arlington			VA	22207	•	(100) 244	0400			
=	i iliai rotair	//terriiiiatea	Foreign country name	Foreign	province/state/	county	Foreign postal	code					
Ш	Amended	d return							<b>G</b> Gross re	ceipts \$		Ć	92,689
	Application	on pending	F Name and address of princi	ipal officer:				H(a) Is th	is a group retur	n for subordi	nates?	Yes	X No
		, ,	Gretchen Ginnerty 5600	) Wismer Roa	ad Pinersvil	le PA 1894	7		all subordina			Yes	No
								` ′	No," attach a				
		pt status:	X 501(c)(3) 501(c)		(insert no.)	4947(a)(1)	or 527		ino, allacira	iist. (See iii	structions)		
<u>J \</u>	Website	e: 🕨 http	://www.lovequiltproject.o	rg				H(c) Gro	oup exemption	number	<u> </u>		
K	orm of o	rganization:	X Corporation Tru	ıst Associa	ation Oth	ner ▶	L Yea	ar of forma	ation: 2014	1 M Sta	ate of legal d	omicile:	VA
_	art I	_					ļ		201-	·			
			mmary	la missian ar	most signific	ant nativities	o. The	Lava O	uilt Drainat	uooo tha	nower of		
æ	1	-	escribe the organization		_				uilt Project	uses me	power or		
2			change the lives of vulne			n Aincan an	d American (	chilaren	<u>',                                      </u>				
Activities & Governance			them affected by the HI										
Š	2		his box ▶ if the org							of its ne	et assets.		
ŏ	3	Number	of voting members of the	e governing l	body (Part V	I, line 1a) .				3			5
ە 0	4	Number	of independent voting m	embers of th	e governing	body (Part \	VI, line 1b).			4			5
ě	5		mber of individuals empl							5			0
፷	6		mber of volunteers (estir	-	-					6			
支	7a		related business revenue							7a			0
_	b		elated business taxable i							7b			0
	D	Net unit	eialeu busiiless laxable ii	ilcome ilom i	-01111 990-1,	III e 30		<del></del>	Prior Year	7.0	Curre	ent Year	
		Contribu	itions and grants (Part \/	III lina 1h\						15 510	Curre		
ne	8		utions and grants (Part V	•						15,510			63,685
en en	9		n service revenue (Part V							0			0
Revenue	10		ent income (Part VIII, col							0			0
_	11		venue (Part VIII, column				•			140			29,004
	12	Total rev	enue—add lines 8 through	ı 11 (must equ	ıal Part VIII, d	column (A), lir	ne 12).   .			15,650		Ć	92,689
	13	Grants a	and similar amounts paid	(Part IX, col	umn (A), line	es 1–3) .   .				5,603		1	18,581
	14	Benefits	paid to or for members	(Part IX, colu	mn (A), line	4)				0			0
S	15	Salaries,	other compensation, emp	loyee benefits	(Part IX, col	umn (A), lines	s 5–10) .     .			1,500			2,100
Expenses	16a		onal fundraising fees (Pa	•	•	` '	,			2,450			1,500
<u>e</u>	b		ndraising expenses (Part				14,568			,			
ă	17		kpenses (Part IX, column							8,030			72,757
	18		penses. Add lines 13–17			•				17,583			94,938
	19		e less expenses. Subtrac							-1,933			-2,249
- v	?   13	revenu	c icaa experiaca. Oubliat	Stille 10 Holl	IT III C TZ		<u> </u>	Reginn	ing of Curre		End	of Year	-2,243
Net Assets or	20	Total as	sets (Part X, line 16)					Dog		16,119	Liiu		33,222
Ass	21		bilities (Part X, line 26) .							10,090			29,442
let /	22												
ي -	22		ets or fund balances. Sul	otract line 21	from line 20	<u>'</u>				6,029			3,780
	art II		nature Block										
			y, I declare that I have examined ect, and complete. Declaration o										
and	bellet, it i	ls true, corre	Linh H	preparer (other	than onicer) is i	based on all lillo	ornation of which	preparei	Tido ally kilo		1/12/201		
Sig	gn	1	1/ fill / www.me	ry							1/13/2019	<u> </u>	
He			Signature of officer						Date .				
			William Montgomery				Vice	Preside	ent				
		<u> </u>	Type or print name and title										
_		Prin	t/Type preparer's name		Preparer's sign	nature		Date		Check	if PTIN		
Pa	id									self-emplo			
	eparei	1						<del>-  </del>			, - ~		
Us	e Only	y Firm	ı's name ►						Firm's EIN				
		Firm	l's address ▶						Phone no.				
Ma	v the IF	RS discus	s this return with the pre	parer shown	above? (see	e instructions	s)				. X	es	No

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: The Love Quilt Project uses the power of love to change the lives of vulnerable and orphaned South African and American children, many of them affected by the AIDS pandemic.
	Children send messages of love expressed through art to brighten lives and help heal souls.  These messages are stitched into beautiful quilts that are given to a child in need.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,839 including grants of \$ ) (Revenue \$ )  LQP recruited children from schools, churches, and scout troops to produce over 250 art squares  for quilts to be delivered to South Africa in 2018.
4b	(Code: ) (Expenses \$ 1,994 including grants of \$ ) (Revenue \$ )  LQP recruited 40 quilters nationwide to produce Love Quilts for delivery to South Africa in 2018.
4c	(Code: ) (Expenses \$ 18,581 including grants of \$ 18,581 ) (Revenue \$ )  LQP provided \$28,590 to support the education fund for recipients of Love Quilts.
4d 	Other program services. (Describe in Schedule O.) (Expenses \$ 53,970 including grants of \$ 0 ) (Revenue \$ 0 )  Total program service expenses  76,384
40	TOTAL PROGRAM SCHOOL CAPCHSCS 💌 / U,304

	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		X
Ū	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," <i>complete</i> Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX.</i>	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		X
120	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	Χ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	· · · · · · · · · · · · · · · · · · ·		990	
				•

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<del>  ^</del>
<b>2</b> 70	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
-	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		<u> </u>
_0	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			ν,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete  Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<del>  ^</del>
J	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,  III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			,
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
Dor	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Check in Concodule C contains a response of note to any line in this Fait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		

Form 9	90 (2018) The Love Quilt Project, Inc. 46-543	9225	Р	age 5
Par				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4-		
<b>L</b>	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		Х
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>-</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7g 7h		1
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
o	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 9	990 (2018) The Love Quilt Project, Inc. 46-543	9225	P:	age <b>6</b>
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	a "No ee inst	" tructio	
	Check if Schedule O contains a response or note to any line in this Part VI		•	
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <u>1b</u> 5	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		``	
	any other officer, director, trustee, or key employee?	2	Χ	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Χ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> O	9		Χ
Coot		2040	1	
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (	Code.		
	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		) Yes	No
10a	<b>Lion B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue Countries of the organization have local chapters, branches, or affiliates?	10a		
	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No X
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No X
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No X
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 11a 12a 12b 12c 13	Yes	No X X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	10a 11a 12a 12b 12c 13	Yes	No X X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	X X X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	X X X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.	10a 10b 11a 12a 12b 12c 13	Yes	X X X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	X X X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	X X X X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	X X X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization to evaluate its	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	X X X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	X X X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	X X X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	X X X
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10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	X X X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  icin C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (1024 or	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	X X X

State the name, address, and telephone number of the person who possesses the organization's books and records:

 Kevin Ginnerty
 (703) 669-8114

 5600 Wismer Road, Pipersville, PA 18947

financial statements available to the public during the tax year.

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5-5439	225	Pag

## Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	ition more rson irecto	e than one n is both an tor/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Gretchen Ginnerty	8.00									
President	0.00	Χ		Χ						
(2) William Montgomery	6.00									
Vice President	0.00	Χ		Χ						
(3) Jennifer Thorp	2.00									
Secretary	0.00	Χ		Χ						
(4) Susan Bentley	1.00									
Director	0.00	Χ								
(5) Craig Phillips	0.25									
Director	0.00	Χ								
(6) Kevin Ginnerty	1.00									
Treasurer	0.00			Χ						
(7) Bruce Jolly	0.25									
Incorporator and Registered Agent	0.00			Χ						
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

P	art VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	<u>iH t</u>	ghes	t C	ompensated Em	ployees (co	ntin	ued)		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Highest co employee Key employee Key employee Officer Institution Individual or directo				is both	an ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatic from relatec organizatior (W-2/1099-MI	on d ns	com fr org and	(F) stimated nount of other pensatic om the anization d related	on n I
(15)														
(16)														
(17)											-			
											_			
												<u> </u>		
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b								<b>•</b>	0		0	<del>                                     </del>		0
C	Sub-total  Total from continuation sheets to Part VII, Se								0		0			0
d	Total (add lines 1b and 1c).								0		0			0
2	Total number of individuals (including but not lir reportable compensation from the organization				,		recei	ved	I more than \$100	,000 of				
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched	ector, or trustee,	key e	emp	loye	e, c	_		•			3	Yes	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	ter than \$150,00	00? <i>I</i> 1	r "Ye	es,"	con	nplete	Sc	hedule J for suc	'n		4		X
5	Did any person listed on line 1a receive or accr	ue compensatio	n froi	n ar	ıy u	nrel	ated	orga	anization or indiv					
Sec	for services rendered to the organization? If "Ye tion B. Independent Contractors	es," complete St	cneau	iie J	тоr	suc	n per	son	<u> </u>			5		X
1	Complete this table for your five highest compe compensation from the organization. Report co year.											ax		
	(A) Name and business addr	ress	_		_		_		(B) Description of ser	vices	C	(C) Compen		_
														0
														0
										+				0
														0
2	Total number of independent contractors (include more than \$100,000 of compensation from the	•	ted to	tho	se l	iste	d abo	ve)	who received					

		Check if Schedule O contains a response or note to any line	in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Membership dues	0 0 0 0 0			
Contribi and Oth	g h	Total. Add lines 1a–1f	5 0 63,685			
Revenue	2a b	Business Code	0			
Program Service Revenue	c d e		0 0			
Progra	f g	All other program service revenue  Total. Add lines 2a–2f	0			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)				
	6a b c	Gross rents				
	d 7a	Net rental income or (loss)	0			
	c d	'	0			
Other Revenue	8a	Gross income from fundraising events (not including \$	4			
Othe	с 9а	Less: direct expenses	29,004			
	c 10a	Net income or (loss) from gaming activities	0			
		Net income or (loss) from sales of inventory	0			
	b c d	All other revenue	0 0			
	e 12	Total revenue See instructions	92 689		0	0

	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other or	raanizations must o	omnlete column (A)	
36011	Check if Schedule O contains a response or note t				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)  Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	_			
_	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic	0			
2	individuals. See Part IV, line 22	0			
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	18,581	18,581		
4	Benefits paid to or for members	0	10,301		
5	Compensation of current officers, directors,	Ü			
•	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified	-		-	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	2,100		2,100	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	1,500			1,500
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	0		0	
40	(A) amount, list line 11g expenses on Schedule O.)	0		0	
12 13	Advertising and promotion	1,221	598	623	
14	Information technology	0	390	023	
15	Royalties	0			
16	Occupancy	0			
17	Travel	3,989	3,989		
18	Payments of travel or entertainment expenses	2,000	2,000		
-	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	281		281	

0

0

0

2,222

23,491

3,833

13,068

24,652

94,938

0

2,222

23,491

3,833

23,670

76,384

0

982

3,986

20

21

22

23

24

25

26

Depreciation, depletion, and amortization . . . . .

b Film Productionc Quilt/art square supplies

Total functional expenses. Add lines 1 through 24e

**▶** if

**d** Gala

**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

e All other expenses

Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

a Quilt Delivery

13,068

14,568

# Form 990 (2018) The Love Quilt Project, Inc. Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	16,119	1	33,222
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ		organizations (see instructions). Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
ğ	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	16,119	16	33,222
	17	Accounts payable and accrued expenses	0	17	18,832
	18	Grants payable	10,090	18	10,610
	19	Deferred revenue	0	19	,
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Ś	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third	·		·
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	10,090	26	29,442
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	-,		-,
S		complete lines 27 through 29, and lines 33 and 34.			
ž	0.7	·	0	07	
<u>a</u>	27	Unrestricted net assets	0	27	
m	28	Temporarily restricted net assets	0	28	
Ĕ	29	Permanently restricted net assets	0	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here ► X and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0	30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	
ìt ∤	32	Retained earnings, endowment, accumulated income, or other funds	6,029	32	3,780
ž	33	Total net assets or fund balances	6,029	33	3,780
	34	Total liabilities and net assets/fund balances	16,119	34	33,222

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		92	2,689
2	Total expenses (must equal Part IX, column (A), line 25)	2		94	4,938
3	Revenue less expenses. Subtract line 2 from line 1	3		-2	2,249
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		- 6	6,029
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		3	3,780
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	_	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	1	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	. 3b		
				οοο	

Form **990** (2018)

# Form **926**

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service

Part I

Return by a U.S. Transferor of Property to a Foreign Corporation

Attachment Sequence No. 128

OMB No. 1545-0026

Go to www.irs.gov/Form926 for instructions and the latest information.
 Attach to your income tax return for the year of the transfer or distribution.

**U.S. Transferor Information** (see instructions)

Name of transferor Identifying number (see instructions) The Love Quilt Project, Inc. 46-5439225 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? . . . No Yes If the transferor was a corporation, complete questions 2a through 2d. a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by No **b** Did the transferor remain in existence after the transfer? No If not, list the controlling shareholder(s) and their identifying number(s). Controlling shareholder Identifying number c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent If not, list the name and employer identification number (EIN) of the parent corporation. Name of parent corporation **EIN** of parent corporation No If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership **EIN** of partnership **b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? . . . . . . . . . . . . . . . Yes No Yes No d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established No Transferee Foreign Corporation Information (see instructions) Name of transferee (foreign corporation) 5a Identifying number, if any Address (including country) 5b Reference ID number (see instructions) Country code of country of incorporation or organization (see instructions) Foreign law characterization (see instructions) No

Form 926 (Rev. 11-201	8) The L	ove Quilt Project, Inc.			46-5439225	Page <b>2</b>
Part III Infor	mation Rega	rding Transfer of Property	(see instruc	tions)		
Section A—Cash						
Type of property	<b>(a)</b> Date of transfer	( <b>b)</b> Description of property	Fair market date of ti	value on	(d) Cost or other basis	<b>(e)</b> Gain recognized on transfer
Cash						
		transferred? of Part III and go to Part IV.				Yes No
Section B—Othe	r Property (othe	er than intangible property sub	9			
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	(c) Fair market date of ti	value on	(d) Cost or other basis	<b>(e)</b> Gain recognized on transfer
Stock and						
securities						
Inventory						
Other property (not listed under another category)						
Property with						
built-in loss						
T. 4-1-						
Totals				<u> </u>	<u> </u>	
recognition  12 a Were any a to a foreign If "Yes," go b Was the tra (including a If "Yes," cor c Immediately transferee fi If "Yes," cor d Enter the tra If "No," skip	agreement was ssets of a foreig corporation? . to line 12b. nsferor a domes branch that is a ntinue to line 12d after the transforeign corporation tinue to line 12d ansferred loss and sferor transfer p Section C and o	tock or securities subject to sect filed?	substantially a specified 10%, and go to lin a U.S. share to line 13. as required u	disregarded entity  Il of the assets of 6-owned foreign of e 13.  Cholder with respense of the control of the c	y) transferred  a foreign branch corporation?	Yes No Yes No Yes No Yes No Yes No Yes No
Occilon o Intan	gible i roperty	oubject to occion our (u)				(f)
Type of property	(a) Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	Income inclusion for year of transfer (see instructions)
Property described						
in sec. 367(d)(4)					<del>                                     </del>	
					<del> </del>	
Totals						

20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions . . .

c Did the domestic corporation not recognize gain or loss on the distribution of property because the

**b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) . . . ▶ \$

19

If "Yes," complete lines 20b and 20c.

Form **926** (Rev. 11-2018)

Yes

Yes

Yes

No

No

Nο

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

 $\frac{52(0)}{1}$ 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
The Love Quilt Project, Inc.

Employer identification number
46-5439225

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Ċ.		Modeon for Fabric Offar	ity otatao (7 til org	garnizationo maot oo	mpioto ti	no part.	Odd indudations.				
he	orga	anization is not a private foundat	,	•	,		,				
1	Ш	A church, convention of church	·			. , , ,	(A)(i).				
2		A school described in <b>section</b> 1	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	90-EZ).)					
3		A hospital or a cooperative hos	pital service organiz	zation described in <b>sec</b>	tion 170(l	b)(1)(A)(iii	i).				
4		A medical research organization hospital's name, city, and state		nction with a hospital d	lescribed	in <b>section</b>	<b>170(b)(1)(A)(iii).</b> En	ter the			
5		An organization operated for th section 170(b)(1)(A)(iv). (Com	e benefit of a colleg	e or university owned	or operate	ed by a go	vernmental unit desc	 cribed in			
6	П	A federal, state, or local govern	•	ntal unit described in <b>se</b>	ection 170	)(b)(1)(A)(	v).				
7		An organization that normally redescribed in section 170(b)(1)(	eceives a substantia	al part of its support fro			· -	ral public			
8		A community trust described in		•	II.)						
9		An agricultural research organior university or a non-land-granuniversity:	zation described in	section 170(b)(1)(A)(ix	) operated						
10	Χ	An organization that normally receipts from activities related to support from gross investment acquired by the organization af	to its exempt functio income and unrelate	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (	no more than 33 1/3 511 tax) from busine	3% of its			
11		An organization organized and	operated exclusivel	ly to test for public safe	ety. See <b>s</b> e	ection 509	9(a)(4).				
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а		Type I. A supporting organiz the supported organization(sorganization. You must con	s) the power to regu	larly appoint or elect a							
b		Type II. A supporting organic control or management of the organization(s). You must o	ne supporting organi	zation vested in the sa							
С		Type III functionally integrated its supported organization(s	ated. A supporting of	organization operated i				rated with,			
d		Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att				
е		Check this box if the organiz functionally integrated, or Ty	zation received a wr	itten determination fror	n the IRS	that it is a		e III			
f		Enter the number of supported	•					0			
g		Provide the following information			T						
	(1)	Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
A)											
В)											
C)											
D)											
E)											
ota	<u> </u>						0	0			

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 5</b>	Total. Add lines 1 through 3	0	0	0	0	0	0
	Public support. Subtract line 5 from line 4						0
	tion B. Total Support				T		
_	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7 8	Amounts from line 4	0	0	0	0	0	0
9	similar sources						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
12 13	Gross receipts from related activities, etc. (se <b>First five years.</b> If the Form 990 is for the or organization, check this box and <b>stop here</b> .	rganization's first, s	econd, third, fourth	n, or fifth tax year a		•	
Sec	tion C. Computation of Public Sup	port Percenta	ige				
15	Public support percentage for 2018 (line 6, c Public support percentage from 2017 Sched	ule A, Part II, line 1	4			14	0.00%
16a	<b>33 1/3% support test—2018.</b> If the organization qualifies as						
b	33 1/3% support test—2017. If the organization qualified box and stop here. The organization qualified	ation did not check	a box on line 13 o	r 16a, and line 15 i	is 33 1/3% or more	, check this	
17a	10%-facts-and-circumstances test—2018 10% or more, and if the organization meets t Part VI how the organization meets the "facts organization.	he "facts-and-circu s-and-circumstance	mstances" test, ch es" test. The organ	eck this box and <b>s</b> ization qualifies as	top here. Explain a publicly support	in ed	▶ □
b	10%-facts-and-circumstances test—2017 15 is 10% or more, and if the organization mexplain in Part VI how the organization meet supported organization	eets the "facts-and s the "facts-and-cir	-circumstances" te cumstances" test.	est, check this box a The organization o	and <b>stop here.</b> qualifies as a public	sly	▶□
18	<b>Private foundation.</b> If the organization did r	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶□

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support			, I	,		
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")		1,650	9,935	7,323	63,685	82,593
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		110	135	140	0	385
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		4,826	7,029	7,797	29,004	48,656
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						(
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						(
6	Total. Add lines 1 through 5	0	6,586	17,099	15,260	92,689	131,634
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons						(
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	_	_	_		_	(
С	Add lines 7a and 7b	0	0	0	0	0	(
8	Public support (Subtract line 7c from						
	line 6.)						131,634
	ction B. Total Support	(-) 0044	(1-) 0045	(-) 0040	(-1) 0047	(-) 0040	(6) T-4-1
_	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	0	6,586	17,099	15,260	92,689	131,634
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975	0	0	0	0	0	
	Add lines 10a and 10b	U	0	0	0	0	
11	Net income from unrelated business						
	activities not included in line 10b, whether						
12	or not the business is regularly carried on .						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						(
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)	0	6,586	17,099	15,260	92,689	131,634
14	First five years. If the Form 990 is for the org						101,00-
	organization, check this box and <b>stop here</b> .						<b>. X</b>
Sec	ction C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8, co			F))		15	0.00%
16	Public support percentage for 2017 Schedul	. , ,	,	,,		16	0.00%
	ction D. Computation of Investment					10	0.0070
17	Investment income percentage for 2018 (line			olumn (f))		17	0.00%
18	Investment income percentage for 2016 (line Investment income percentage from 2017 Sch		-			18	0.00%
	33 1/3% support tests—2018. If the organization						0.0070
. Ju	not more than 33 1/3%, check this box and <b>st</b>						▶ □
b	33 1/3% support tests—2017. If the organization	-			-		· · · · · • <u></u>
	line 18 is not more than 33 1/3%, check this be						▶ 🗆
20	Private foundation. If the organization did no		-				

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- Ou		
	5b		
	5c		
	00		
	6		
	7		
	8		
	9a		
	01-		
	9b		
	0-		
	9c		
	10a		
	iva		
	10b		
rm 9		990-EZ	2018

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	4.4		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b> on B. Type I Supporting Organizations	11c		
Secu	on B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	4		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ıction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctions	-1
·		msuu		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	20		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	)rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	_	, ,	,
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	u		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional instructions.)	ly inte	egrated Type III supporting	organization (see
instructions).			

Schedule	e A (Form 990 or 990-EZ) 2018 The Love Quilt Project, Inc.		4	6-5439225 Page <b>7</b>			
Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)				
Section	on D - Distributions			Current Year			
1	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in <b>Part VI</b> ). See instructions.						
7	Total annual distributions. Add lines 1 through 6.			0			
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive				
	(provide details in <b>Part VI</b> ). See instructions.						
9	Distributable amount for 2018 from Section C, line 6			0			
10	Line 8 amount divided by line 9 amount			0.000			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6			0			
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required—explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
c	From 2015						
d	From 2016						
<u> </u>	From 2017						
f	Total of lines 3a through e	0					
g	Applied to underdistributions of prior years		0				
h	Applied to 2018 distributable amount			0			
i	Carryover from 2013 not applied (see instructions)						
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0					
4	Distributions for 2018 from						
	Section D, line 7: \$ 0						
a	Applied to underdistributions of prior years		0				
b	Applied to 2018 distributable amount			0			
С	Remainder. Subtract lines 4a and 4b from 4.	0					
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in <b>Part VI</b> . See instructions.		0				
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.			0			
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.	0					
8	Breakdown of line 7:						
a	Excess from 2014						
b	Excess from 2015						
с	Excess from 2016						
d	Excess from 2017						
е	Excess from 2018						

Schedule A (Fo	rm 990 or 990-EZ) 2018 The Love Quilt Project, Inc.	46-5439225	Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	Section 1c, 2a, 2b,	

#### SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

2

2018

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization
The Love Quilt Project, Inc.

Employer identification number
46-5439225

Par	General Inform Form 990, Part IV		ivities Outsid	e the United States. Com	plete if the organization ans	wered "Yes" on
1	other assistance, the gr	antees' eligibility	for the grants or	ds to substantiate the amoun assistance, and the selectio	n criteria used to	
	award the grants or ass	istance?				Yes No
2	For grantmakers. Descoutside the United State		e organization's	procedures for monitoring the	e use of its grants and other	assistance
3	Activities per Region. (T	he following Par	t I, line 3 table c	an be duplicated if additional	space is needed.)	-
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
	Sub-Saharan Africa			Program services and	Quilt deliveries	
(1)		0	2	educational grants to quilt		32,923
(2)						
\_/						
(3)						
(4)						
( - )						
(5)						
(6)						
(0)						
(7)						
(8)						
(-)						
(9)						
(10)						
/4.4\						
(11)						
(12)						
(13)						
(14)						
(15)						
(4C)						
(16)						
(17)						
	Subtotal	0	2			32,923
D	Total from continuation sheets to Part I	0	0			0
С	Totals (add lines 3a and 3b)	0				32,923

Schedule F (Form 990) 2018 The Love Quilt Project, Inc.

46-5439225 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (a) Name of (g) Amount of (h) Description (i) Method of section and EIN cash grant organization grant noncash of noncash assistance valuation (if applicable) (book, FMV, disbursement assistance appraisal, other) Sub-Saharan Africa Education funds for Wire transfer quilt recipients (1) 28,590 (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12) (13) (14) (15) (16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-	-exempt
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	<b>•</b>
Enter total number of other organizations or entities	<b>&gt;</b>

(18)

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (h) Method of (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description recipients cash grant cash noncash of noncash assistance valuation (book, FMV, disbursement assistance appraisal, other) (10)(11) (12) (13) (14) (15) (16) (17)

Part IV Foreign Forms
-----------------------

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization The Love Quilt Project, Inc.

Employer identification number

Pai	Fundraising Activities. Form 990-EZ filers are no	•	-		erea "Yes" on For	m 990, Part IV, II	ne 17.
1	Indicate whether the organization				g activities. Check a	all that apply.	
а							
b	X Internet and email solicitations	3	f S	olicitation o	f government grants	5	
С	c Phone solicitations g X Special fundraising events						
d	In-person solicitations						
2a	Did the organization have a written						
	key employees listed in Form 990			-		-	X Yes No
b	If "Yes," list the 10 highest paid incompensated at least \$5,000 by the		es (fundrais	ers) pursua	ant to agreements u	nder which the fund	Iraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
	athryn Brown Event Planner nington DC	Fundraiser planning		Х	29,004	1,500	27,504
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					-	0	
7					0		0
8					0	0	0
9					0	0	0
10			+		0	0	0
					0	0	0
Γota	1			▶	29,004	1,500	27,504
<b>3</b> VA	List all states in which the organize registration or licensing.						

		more than \$15,000 of fu events with gross receip	_		one on Form 990-EZ,	lines i and ob. List
		<u> </u>	(a) Event #1 Silent auction	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ae			(event type)	(event type)	(total number)	ooi. ( <b>o</b> y)
Revenue	1	Gross receipts	29,004		0	29,004
ш	2	Less: Contributions			0	0
	3	· · · · · · · · · · · · · · · · · · ·	20.004		0	20.004
		line 2)	29,004		U	29,004
	4	Cash prizes			0	0
	5	Noncash prizes			0	0
nses	6	Rent/facility costs			0	0
Direct Expenses	7	Food and beverages	7,982		0	7,982
Direc	8	Entertainment	1,000		0	1,000
	9	Other direct expenses	4,087		0	4,087
	10 11	Direct expense summary. Add Net income summary. Subtrac				( 13,069) 15,935
Pa	rt II		e organization answer	ed "Yes" on Form 99	0, Part IV, line 19, or re	
		than \$15,000 on Form 9	990-EZ, line 6a.		_	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				0
ses	2	Cash prizes				0
Expen	3	Noncash prizes				0
Direct Expenses	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	☐ Yes <u>%</u> No	☐ Yes <u>%</u> No	Yes % No	
	7	Direct expense summary. Add	l lines 2 through 5 in colu	mn (d)		( 0)
	8	Net gaming income summary.	Subtract line 7 from line	1, column (d)		0
9	a Is	Enter the state(s) in which the org s the organization licensed to co f "No," explain:	nduct gaming activities in	each of these states?.		Yes No
10		Vere any of the organization's gaf f "Yes," explain:	aming licenses revoked, s	uspended, or terminated	I during the tax year?	. Yes No

Sched	ule G (Form 990 or 990-EZ) 2018 The Love Quilt Project, Inc.	46-	5439225	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	[	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	[	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records:	and		
	Name ▶			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	ſ		□No
b	If "Yes," enter the amount of gaming revenue received by the organization   \$\bigsec\$ 0 and the		163	
-	amount of gaming revenue retained by the third party   \$\bigs\tau  \bigs\tau  \bigs\tau \tex			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation   \$0			
	Description of services provided •			
	□ Director/officer   □ Employee   □ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	-		
	retain the state gaming license?	[	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations of	or		
David	spent in the organization's own exempt activities during the tax year \$	(iii) <i>-</i>		0
Part	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			anu
	See instructions.	ai iiiioii	nation.	
				<b>-</b> :

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Employer identification number

The Love Quilt Project, Inc 46-5439225 Form 990, Part III, Line 4d: Program Service Expenses: 2,222, Grants and allocations: 0, Revenue: 0 LQP delivered 96 quilts to orphaned and vulnerable children in South Africa. Form 990, Part III, Line 4d: Program Service Expenses: 27,480, Grants and allocations: 0, Revenue: 0 LQP produced a video to communicate our mission to the public and to serve as a lesson plan for group creating art squares or quilting. Form 990, Part III, Line 4d: Program Service Expenses: 24,268, Grants and allocations: 0, Revenue: 0 Other program expenses include grants payable to quilt recipients, accounts payable to complete the video, and various transfer fees.

Schedule O (Form 990 or 990-EZ) (2018)	Pa	age	2
Name of the organization	Employer identification number		
The Love Quilt Project, Inc.	46-5439225		
			_
			_

## Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
  - ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2021 ca	lendar year, or tax year beginning		, and er	nding				
В	Check if a	pplicable:	C Name of organization The Love Qu	ilt Project, Inc.		D	Employer identif	ication nu	ımber	
	Address of	hange	Doing business as	-						
		3	Number and street (or P.O. box if mail is no	t delivered to street address)	Room/suite	46-	5439225			
	Name cha	ange	4250 N. Glebe Road	,			Telephone numbe	ar		
$\overline{}$				04-4-	7ID I -		relephone numbe	21		
	Initial retu	rn	City or town	State	ZIP code	(703	3) 244-8499			
	Final return/	terminated	Arlington	VA	22207		-			
ฮ	i iiiai ietuiii/	terriiriateu	Foreign country name Foreign	province/state/county	Foreign postal	code	. ~			
	Amended	return				G	Gross receipts \$			110,691
$\equiv$			<b>-</b> N							
_	Applicatio	n pending	F Name and address of principal officer:			H(a) Is this a g	roup return for subor	dinates?	Yes	X No
			Gretchen Ginnerty 4004 Lily Drive, I	Doylestown, PA 18902		H(b) Are all s	ubordinates inclu	ded?	Yes	No
	Tay-even	npt status:	X 501(c)(3) 501(c) ( )	■ (insert no.) 4947(a)(1)	or 527	If "No,"	attach a list. See i	nstructions	8	
				(ilisert ilo.) 4947 (a)(1)	327					
J	Website:	► http	://www.lovequiltproject.org			H(c) Group e	xemption number	<u> </u>		
Κ	Form of c	organization	: X Corporation Trust Associ	ation Other ▶	L Yea	r of formation:	2014 MS	State of led	gal domicile	e: VA
		_			<del></del>		2014		,	<u> </u>
	art I		mmary							
_	1	Briefly d	escribe the organization's mission or	most significant activitie	s: To pr	ovide Love	Quilts to orpl	naned a	nd	
2		vulnerab	ole South African and American child	en, many of them affect	ed by HIV/All	DS, and				
ā			educational fees for each child that re			<i>/</i>				
Governance										
Š	2		nis box ▶ if the organization dis		or disposed	of more that	an 25% of its r	net asse	ts.	
ŏ	3	Number	of voting members of the governing	body (Part VI, line 1a) .			3			5
య	4		of independent voting members of the		VI line 1h)		4			5
es										
₹	5		mber of individuals employed in cale		ine za)					0
Activities	6	Total nu	mber of volunteers (estimate if neces	ssary)			6			1,000
¥	7a	Total un	related business revenue from Part \	/III, column (C), line 12.	·		7a			0
	b		elated business taxable income from							0
		TTO C GITT	rated business taxable income nem	1 31111 333 1,1 3,121, 11113	· · · · · · · · · · · · · · · · · · ·		or Year		urrent Yea	
	١.	O = = 4=:le .	tions and mante (Dont) (III line 4h)		ł	1110				
ne	8	Contribu	itions and grants (Part VIII, line 1h).				59,766			110,691
ū	9	Program	n service revenue (Part VIII, line 2g) .	• • • • • • • • •	[		0			0
Revenue	10	Investme	ent income (Part VIII, column (A), line	es 3, 4, and 7d)			0			0
Ř	11		venue (Part VIII, column (A), lines 5,				0			0
	12		enue—add lines 8 through 11 (must eq				59,766			110 601
	_									110,691
	13		and similar amounts paid (Part IX, co				18,803			55,666
	14	Benefits	paid to or for members (Part IX, colu	ımn (A), line 4)			0			0
S	15	Salaries.	other compensation, employee benefits	(Part IX, column (A), lines	s 5–10) .     .		1,000			0
Se	16a		onal fundraising fees (Part IX, colum				0			38,518
Expenses	I Oa						0			30,310
×	b		ndraising expenses (Part IX, column		41,263					
ш	17	Other ex	kpenses (Part IX, column (A), lines 1	Ia-11d, 11f-24e)			7,609			6,245
	18	Total ex	penses. Add lines 13–17 (must equa	l Part IX, column (A), line	25)		27,412			100,429
	19	Revenue	e less expenses. Subtract line 18 from	n line 12	1		32,354			10,262
Net Assets or	3			· · · · · · · · · · · · · · · · · · ·		Beginning o	of Current Year	-	End of Yea	
ts	20	Total ac	sets (Part X, line 16)		İ	- 3 3	65,544			63,491
SS(	20									05,431
et/	21		,		+		12,315			0
			ets or fund balances. Subtract line 21	from line 20			53,229			63,491
P	art II	Sig	nature Block							
Unc	ler penaltie	es of perjury	y, I declare that I have examined this return, incl	uding accompanying schedules	and statements,	and to the be	st of my knowledg	е		
and	belief, it is	s true, corre	ct, and complete. Declaration of preparer (other	than officer) is based on all info	rmation of which	n preparer has	any knowledge.			
٠.								11/15/2	2022	
Si			Signature of officer				Date			
He	re		•		\ <i>(</i> !	D	Date			
			William Montgomery		Vice	President				
			Type or print name and title				-			
		Print	t/Type preparer's name	Preparer's signature	<u> </u>	Date		F	PTIN	
Pa	id						Check	if		
							self-emp	loyed		
	eparer		r's name ▶			Cirro	n's EIN ▶	•		
US	e Only	′								
		Firm	's address ▶			Pho	ne no.		_	
Ма	y the IR	S discus	s this return with the preparer shown	above? See instructions	3			. [	Yes	No

Form 9	90 (2021)	The Love Quilt Project, Inc.		46-5439225	Page <b>2</b>
	rt III	Statement of Program Servi	ce Accomplishments a response or note to any line in this Part		
1	The Love	education in kindness, tolerance, an	etween South African and American children d compassion. The children draw messages of		
			n South Africa and America affected by ion of each child who receives a Love Quilt.		
2	the prior	organization undertake any significar Form 990 or 990-EZ?		not listed on Yes	X No
3	services'		ake significant changes in how it conducts, any p	rogram Yes	X No
4	Describe expense	the organization's program service	accomplishments for each of its three largest pro rganizations are required to report the amount of		
4a	LQP pro	vided \$55,666 to support the educat		) (Revenue \$	
4b	LQP con	) (Expenses \$ itinued to recruit volunteers to produ- nen permitted by pandemic condition	1,656 including grants of \$ ce art squares and quilts to be delivered to South s.	1	)
4c		) (Expenses \$ vided support to produce a marketin ster homes suported by LQP.	1,500 including grants of \$ g video to educate the public on the mission and		)
4d	-	ogram services (Describe on Sched	•		
4e	(Expense	es \$ 0 including orgam service expenses	g grants of \$ 0 ) (Revenue \$ 58,822	0)	

	990 (2021) The Love Quilt Project, Inc.	46-5439225		Page
Part	V Checklist of Required Schedules		Yes	s No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	S NO
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	_	Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III .</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	<b>7</b> <u>6</u>		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt	t		
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	118	a	X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	111	5	Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	С	Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	110	d	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part		_	Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11	f	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comp			.,
	Schedule D, Parts XI and XII	128	а	Х
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Ye and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		-	_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170	<del>1 ^</del>	
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	141		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		.	
4-	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			,,
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	+	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III.	19	. ]	~
20a			_	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		_	+^

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

		139225	P	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	163	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
242	employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		Х
<b>24</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
b	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		Х
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			\ \
28	persons? If "Yes," complete Schedule L, Part III	27		Х
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		
b	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part I.			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
•	III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38		Х
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<u>0</u>		

Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners? .

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			.,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<del>                                     </del>	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	O.		
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>  ^</del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
400	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		Χ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Χ
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		L
	If "Yes " complete Form 6069			

Sect	ion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Χ	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.	)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1.0.	, ,	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		Х
b	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10.5		,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	5.(5)		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icv.		
- •	and financial statements available to the public during the tax year.	- ,,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	<b>•</b>		
-	Kevin Ginnerty (703) 669-8114	-		
	4004 Lily Drive Doylestown PA 18902			

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## Part VII Compensation of Offic

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	, ,			•			-			_
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson lirecto	than or is both pr/truste employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Gretchen Ginnerty	8.00									
President	0.00	Χ		Χ						
(2) William Montgomery	6.00									
Vice President	0.00	Х		Χ						
(3) Susan Bentley	2.00									
Secretary	0.00	Х		Χ						
(4) Shirley Stewart	1.00									
Director	0.00	Х								
(5) Deborah Droke	1.00									
Director	0.00	Х								
(6) Andy Anderson	0.25									
Director	0.00	Х								
(7) Kevin Ginnerty	1.00									
Treasurer	0.00			Х						
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

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Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to ar	ny line in	this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns	0				
fts, ( Am	c d	Fundraising events	$\frac{0}{0}$				
Gif	e	Government grants (contributions) 1e	0				
ons, Sim	f	All other contributions, gifts, grants, and					
utic		similar amounts not included above 1f	110,691				
trib Off	g	Noncash contributions included in					
Con and		lines 1a–1f	0				
	h	Total. Add lines 1a–1f	 Code	110,691			
e e	2a		, code	0			
ه ځ	b			0			
Se	С			0			
ıram Ser Revenue	d			0			
Program Service Revenue	е			0			
ቯ	f	All other program service revenue		0			
	<u>g</u> 3	<b>Total.</b> Add lines 2a–2f		0			
	3	other similar amounts)		0			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
		(i) Real (ii) Per	sonal				
	6a	Gross rents 6a	<b>X</b>				
	b	Less: rental expenses . 6b  Rental income or (loss) 6c 0					
	c d	Rental income or (loss) 6c 0  Net rental income or (loss)	▶	0			
	7a	Gross amount from (i) Securities (ii) O	her				
		sales of assets					
<b>a</b> ,		other than inventory <b>7a</b> 0	0				
Revenue	b	Less: cost or other basis					
) (	•	and sales expenses	0				
	d C	Gain or (loss)	$\overline{}$	0			
Other	8a	Gross income from fundraising					
0		events (not including \$0					
		of contributions reported on line 1c).					
	h	See Part IV, line 18	0				
	b C	Net income or (loss) from fundraising events	<b>—</b>	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 9a	0				
	b	Less: direct expenses 9b	0				
	С	Net income or (loss) from gaming activities	▶	0			
	10a	Gross sales of inventory, less					
	b	returns and allowances	0				
	C	Net income or (loss) from sales of inventory		0			
<u>s</u>		Business	s Code				
Miscellaneous Revenue	11a			0			
cellaneo Revenue	b			0			
es Se Se	C			0			
Alis.	d	All other revenue		0			
	<u>e</u>	Total Royanus See instructions		110 601	0	0	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Check if Schedule O contains a response or note to any line in this Part IX	

	Official in Confedence of Confedence of Front in	to arry mile in talle i c	art 17(		· · · · <b></b>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	55,666	55,666		
4	Benefits paid to or for members	0	,		
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	.0			
11	Fees for services (nonemployees):				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	38,518			38,516
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column			0	
40	(A), amount, list line 11g expenses on Schedule O.)	0		0	044
12	Advertising and promotion	311 322		222	311
13 14	Office expenses	2,456		322 20	2,436
15	Royalties	2,430		20	2,430
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses	<u> </u>			
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Quilt/art square supplies and shipping	1,656	1,656		
b	Video production	1,500	1,500		
С					
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	100,429	58,822	342	41,263
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

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Part X	Balance	Sheet
I all A	Dalance	OHEEL

2   Savings and temporary cash investments   0   2   3			Check if Schedule O contains a response or note to any line in this Part X .			
Cash—non-interest-bearing.   65,544   1   63,491				(A)		(B)
Pledges and grants receivable, net. 0 3 0 3 0 0 4 0 0 4 0 0 0 4 0 0 0 4 0 0 0 0				Beginning of year		End of year
3   Pledges and grants receivable, net.   0   3   0   0		1	Cash—non-interest-bearing	65,544	1	63,491
4 Accounts receivable, net. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(11)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10a Lond, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments—publicily traded securities. 12 Investments—publicily traded securities. 13 Investments—publicily traded securities. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part VI of Schedule D. 21 Escrow or custodial account liability. Complete Part VI of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 27 Tax-exempt bond liabilities. 28 Schedule D. 29 Tax-exempt bond liabilities not included on lines 17-24). Complete Part X of Schedule D. 20 Tax-exempt bond liabilities not included on lines 17-24). Complete Part X of Schedule D. 21 Escrow or custodial account liability. Complete Part X of Schedule D. 20 Tax-exempt bond liabilities not included on lines 17-24). Complete Part X of Schedule D. 21 Escred mortgages and notes payables to unrefated third parties. 22 Controlled entity or family member of any of these persons. 23 Secured mortgages and notes payables to unrefated third parties. 24 Unsecured notes and loans payable to unrefated third parties. 25 Other liabilities. Add lines 17 finugh; 25. 26 Total liabilities. Add lines		2	Savings and temporary cash investments	0	2	
4 Accounts receivable, net. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(11)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10a Lond, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments—publicily traded securities. 12 Investments—publicily traded securities. 13 Investments—publicily traded securities. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part VI of Schedule D. 21 Escrow or custodial account liability. Complete Part VI of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 27 Tax-exempt bond liabilities. 28 Schedule D. 29 Tax-exempt bond liabilities not included on lines 17-24). Complete Part X of Schedule D. 20 Tax-exempt bond liabilities not included on lines 17-24). Complete Part X of Schedule D. 21 Escrow or custodial account liability. Complete Part X of Schedule D. 20 Tax-exempt bond liabilities not included on lines 17-24). Complete Part X of Schedule D. 21 Escred mortgages and notes payables to unrefated third parties. 22 Controlled entity or family member of any of these persons. 23 Secured mortgages and notes payables to unrefated third parties. 24 Unsecured notes and loans payable to unrefated third parties. 25 Other liabilities. Add lines 17 finugh; 25. 26 Total liabilities. Add lines		3	Pledges and grants receivable, net	0	3	0
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net.  9 Prepaid expenses and deferred charges.  10a Lond, buildings, and equipment cost or other basis. Complete Part IV of Schedule D  10 b Less: accumulated depreciation.  11 Investments—publicly traded securities.  12 Investments—publicly traded securities.  13 Investments—publicly traded securities.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  17 Accounts payable and accrued expenses.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Earow or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  8 Total liabilities. (including federal income tax, payables to related third parties.  9 Organizations that follow FASB ASC 958, check here Part X of Schedule D.  20 Total liabilities. (including federal income tax, payables to related third parties.  9 Organizations that do not follow FASB ASC 958, check here Part X of Schedule D.  20 Organizations that do not follow FASB ASC 958, check here Part X of Schedule D.  21 Total liabilities. (including federal income tax, payables to related third parties.  22 Total liabilities. (including federal income tax, payables to related third parties.  30 Qayable to organizations that do not follow FASB ASC 958, check here Part X of Schedule D.  31 Retained earnings, endowment, accumulated income, or other funds.  32 Cayable to great a sease or fund balances.  33 Paid-in or cantual surpuis, or land, building, or equipment fund.  34 Retained earnings, endowment, accumu		4		0	4	0
Controlled entity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(e)(3)(B)   Control of the section 4958(e)(4)   Control of the sec		5	Loans and other receivables from any current or former officer, director,			
Company   Com			trustee, key employee, creator or founder, substantial contributor, or 35%			
Under section 4958(f)(1)), and persons described in section 4958(c)(3)(8)			controlled entity or family member of any of these persons	_0	5	
7 Notes and loans receivable, net.		6	Loans and other receivables from other disqualified persons (as defined			
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				0	- 4	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ets	7		0	7	0
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	SS)	8	Inventories for sale or use	0	8	
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation . 10b	4	9	Prepaid expenses and deferred charges	0	9	
b Less: accumulated depreciation   10b   0   0   10c   0   0   10c   10c   11c		10a				
11   Investments—publicity traded securities   0   11   0   12   0   13   10   13   10   14   16   14   16   15   16   16   16   16   16   16			· · · · · · · · · · · · · · · · · · ·			
12   Investments—other securities. See Part IV, line 11.   0   12   0   0   13   10   14   10   13   10   14   10   13   10   14   10   15   15   15   15   15   15   16   15   16   16		b	2000. doddinalated depreciation			0
13   Investments—program-related. See Part IV, line 11   0   13   0   0   14   10   15   0		11				
14		12	· · · · · · · · · · · · · · · · · · ·			
15 Other assets. See Part IV, line 11		13				
16   Total assets. Add lines 1 through 15 (must equal line 33) 65,544   16   63,491     17   Accounts payable and accrued expenses 0   17     18   Grants payable 12,315   18     19   Deferred revenue 0   19     20   Tax-exempt bond liabilities 0   20     21   Escrow or custodial account liability. Complete Part IV of Schedule D 0   21     22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0   22     23   Secured mortgages and notes payable to unrelated third parties 0   24   00     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 0   25   0     26   Total liabilities, Add lines 17 through 25 12,315   26   0     Organizations that follow FASB ASC 958, check here		14	Intangible assets			
17		_	Other assets. See Part IV, line 11			
18    Grants payable   12,315   18    18    19    Deferred revenue   0   19    19    20    Tax-exempt bond liabilities   0   20    21    Escrow or custodial account liability. Complete Part IV of Schedule D   22    Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   0   22    23    Secured mortgages and notes payable to unrelated third parties   0   23    0   24    Unsecured notes and loans payable to unrelated third parties   0   24    0   25    Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D   0   25    0   26    Total liabilities. Add lines 17 through 25   12,315   26    0   27    Organizations that follow FASB ASC 958, check here						63,491
19   Deferred revenue   0   19   19   20   Tax-exempt bond liabilities   0   20   21   Escrow or custodial account liability. Complete Part IV of Schedule D   2   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   0   22   22   23   24   Unsecured notes and loans payable to unrelated third parties   0   23   0   24   0   24   0   25   0   26   0   25   0   0   25   0   0   0   25   0   0   0   0   0   0   0   0   0						
20		_				
21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow FASB ASC 958, check here ▶  28 Net assets without donor restrictions.  29 Organizations that do not follow FASB ASC 958, check here ▶  20 Organizations that do not follow FASB ASC 958, check here ▶  21 And complete lines 27, 28, 32, and 33.  22 Capital stock or trust principal, or current funds.  23 Capital stock or trust principal, or current funds.  24 Organizations that do not follow FASB ASC 958, check here ▶  25 Capital stock or trust principal, or current funds.  26 Capital stock or trust principal, or current funds.  27 Paid-in or capital surplus, or land, building, or equipment fund.  28 Retained earnings, endowment, accumulated income, or other funds.  30 Paid-in or capital surplus, or land, building, or equipment fund.  31 Retained earnings, endowment, accumulated income, or other funds.  32 Total net assets or fund balances.  33 O 21  24 O 23 O 23  0 24 O 0  25 O 0  26 Total liabilities.  26 O 25 O 0  27 O 28 O 27  28 O 29 O 29  29 O 29 O 29  20 O 29 O 29  21 O 20 O 21  22 O 20 O 21  23 O 24 O 0  24 O 0 O 24  25 O 25 O 0  26 O 27 O 28  27 O 28 O 29  28 O 29 O 29  29 O 29 O 29  20 O 20 O 20 O 20  21 O 20 O 20 O 20  21 O 20 O 20 O 20  22 O 22 O 20 O 20  23 O 25 O 25 O 25  24 O 25 O 25  25 O 25 O 25  26 O 27 O 27  27 O 28 O 29  28 O 29 O 29  29 O 20 O 20 O 20  20 O 20		_				
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.			· · · · · · · · · · · · · · · · · · ·			
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  Corganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions.  Corganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds.  29 Capital stock or trust principal, or current funds.  29 Capital stock or trust principal, or current funds.  30 Paid-in or capital surplus, or land, building, or equipment fund.  31 Retained earnings, endowment, accumulated income, or other funds.  32 Total net assets or fund balances.  33 Dayad Scurred mortgages and notes payable to unrelated third parties.  30 Q 24 Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	<b>'</b> 0			0	21	
Unsecured notes and loans payable to the lated third parties	ţį	22				
Unsecured notes and loans payable to the lated third parties	Ξ			0	22	
Unsecured notes and loans payable to the lated third parties	Lia	22				0
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D						
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D				U	24	0
Part X of Schedule D		23				
Total liabilities. Add lines 17 through 25.   12,315   26   0				0	25	0
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  7 Net assets without donor restrictions.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  7 Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Organizations that follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds.  O 29  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  53,229 31 63,491		26	Total liabilities. Add lines 17 through 25			
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  28 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  29 Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  30 Total net assets or fund balances  31 Total net assets or fund balances  32 Total net assets or fund balances  33 Total net assets or fund balances	S			,		Ţ.
Net assets without donor restrictions.  Net assets with donor restrictions.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  O 27  Capital Stock or trust principal, or current funds.  O 29  Salaritations  O 27  O 28  O 29  Salaritations  O 30  Salaritations	ဥ					
Net assets with donor restrictions	<u>la</u>	27		0	27	
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds	Ba					
and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds	nd	-0		Ü		
29 Capital stock or trust principal, or current funds	교					
Paid-in or capital surplus, or land, building, or equipment fund	ō	29	-	n	29	
31   Retained earnings, endowment, accumulated income, or other funds   53,229   31   63,491     32   Total net assets or fund balances   53,229   32   63,491     33   Total liabilities and net assets/fund balances   65,544   33   63,491	ets					
32       Total net assets or fund balances       53,229       32       63,491         33       Total liabilities and net assets/fund balances       65,544       33       63,491	SSI					63,491
<b>Z</b> 33 Total liabilities and net assets/fund balances	λA					63,491
	ž					63,491

Part	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		110	),691
2	Total expenses (must equal Part IX, column (A), line 25)		100	,429
3	Revenue less expenses. Subtract line 2 from line 1		10	,262
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		53	3,229
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))		63	3,491
Part				
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	X Separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2021)

#### **SCHEDULE A** (Form 990)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

The	Love Quilt Project, Inc.					46-54	39225		
Par	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	o <u>rg</u> anization is not a private founda	•	•	-		,			
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	A hospital or a cooperative hos	spital service organiz	zation described in <b>sec</b>	tion 170(l	o)(1)(A)(ii	i).			
4	A medical research organization hospital's name, city, and state	•	nction with a hospital d	lescribed i	n <b>section</b>	<b>170(b)(1)(A)(iii).</b> En	ter the		
5	An organization operated for the section 170(b)(1)(A)(iv). (Con	he benefit of a colleg	e or university owned	or operate	d by a go	vernmental unit desc	cribed in		
6	A federal, state, or local govern	nment or governmer	ntal unit described in <b>se</b>	ection 170	(b)(1)(A)(	v).			
7	An organization that normally in described in section 170(b)(1)			m a gove	rnmental u	unit or from the gene	ral public	:	
8	A community trust described in	n section 170(b)(1)(	A)(vi). (Complete Part	II.)					
9	An agricultural research organ or university or a non-land-gra university:	nt college of agricult	ure (see instructions).	Enter the	name, city	, and state of the co	llege or		
10	X An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt function income and unrelated	ns, subject to certain e ed business taxable in	exceptions come (les	; and (2) r s section (	no more than 33 1/3° 511 tax) from busine	% of its	SS	
11	An organization organized and	d operated exclusive	ly to test for public safe	ety. See <b>s</b> e	ection 509	9(a)(4).			
12	An organization organized and of one or more publicly suppor Check the box on lines 12a thr	ted organizations de	scribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(	3).	
a b	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
	control or management of the organization(s). <b>You must</b>	complete Part IV, S	ections A and C.	-		_			
С	its supported organization(s						rated wit	h,	
d	· · · · · · · · · · · · · · · · · · ·	ntegrated. A suppor rated. The organizat	ting organization opera ion generally must sati	ated in cor isfy a distr	nection with	vith its supported org quirement and an att			
е	Check this box if the organi functionally integrated, or T	zation received a wr	itten determination fror	m the IRS	that it is a		e III		
f	Enter the number of supported	organizations						0	
g				_					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization ir governing nent?	(v) Amount of monetary support (see instructions)	other su	mount of upport (see uctions)	
				Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	<u> </u>					0		0	

Part II

	Part III. If the organization fa	ils to qualify un	der the tests li	sted below, plea	ase complete F	Part III.)	
	tion A. Public Support	,		1			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge					3	0
<b>4 5</b>	Total. Add lines 1 through 3	0	0	0		0	0
6	Public support. Subtract line 5 from line 4						0
	tion B. Total Support				7		
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from		4				
9	similar sources						0
10	regularly carried on						0
11	<b>Total support.</b> Add lines 7 through 10.						0
12	Gross receipts from related activities, etc. (s	ee instructions).				12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here			or fifth tax year as a			▶
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2021 (line 6, c	column (f), divided l	by line 11, column	(f))		14	0.00%
15	Public support percentage from 2020 Sched	ule A, Part II, line 1	4			15	0.00%
16a	6a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	<b>33 1/3% support test—2020.</b> If the organization qualified box and <b>stop here.</b> The organization qualified						▶
17a	'a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2020 15 is 10% or more, and if the organization m in Part VI how the organization meets the fac organization	neets the facts-and- cts-and-circumstan	-circumstances tes ices test. The orga	t, check this box ar nization qualifies as	nd <b>stop here</b> . Expl s a publicly suppor	ain ted	
18	Private foundation. If the organization did i	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		, <u>-</u>

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	7,323	63,685	31,553	59,765	109,311	271,637
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	140	0	0		•	140
3	Gross receipts from activities that are not an	-					
	unrelated trade or business under section 513	7,797	29,004	20,867	4		57,668
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						(
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						(
6	Total. Add lines 1 through 5	15,260	92,689	52,420	59,765	109,311	329,445
7a	Amounts included on lines 1, 2, and 3		•		·		·
	received from disqualified persons						(
b	Amounts included on lines 2 and 3				<b>7</b>		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						(
c	Add lines 7a and 7b	0	. • 0	0	0	0	(
8	Public support (Subtract line 7c from	J					
Ŭ	line 6.)						329,445
Sec	ction B. Total Support		V				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	15,260	92,689	52,420	59,765	109,311	329,445
10a	Gross income from interest, dividends,	•					•
	payments received on securities loans, rents,	*					
	royalties, and income from similar sources						(
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						(
С	Add lines 10a and 10b	0	0	0	0	0	(
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						(
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						(
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	15,260	92,689	52,420	59,765	109,311	329,445
14	First 5 years. If the Form 990 is for the orga	nization's first, sec	ond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)	•	
	organization, check this box and stop here .						
Sec	ction C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2021 (line 8, c			(f))		15	100.00%
16	Public support percentage from 2020 Schedu	ule A, Part III, line	15			16	0.00%
Sec	ction D. Computation of Investmen					1	
17	Investment income percentage for 2021 (line			olumn (f))		17	0.00%
18	Investment income percentage from <b>2020</b> So					18	0.00%
	33 1/3% support tests—2021. If the organization					and line 17 is	
	not more than 33 1/3%, check this box and s						<b>▶</b> 🛚 X
b	33 1/3% support tests—2020. If the organiz				-		
	line 18 is not more than 33 1/3%, check this						▶
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	S	▶ □

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	440		
b	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a 11b		
C	A 35% controlled entity of a person described on line 11a above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	110		
·	detail in <b>Part VI.</b>	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	_		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
_	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruct	ions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI</i> .  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations					
	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4	0	0				
5 Depreciation and depletion	5	<b>A</b>					
6 Portion of operating expenses paid or incurred for production or collection of							
gross income or for management, conservation, or maintenance of property							
held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
<b>b</b> Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c.						
d Total (add lines 1a, 1b, and 1c)	1d	0	0				
e Discount claimed for blockage or other factors							
(explain in detail in <b>Part VI</b> ):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3	0	0				
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
see instructions).	4	0	0				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0				
6 Multiply line 5 by 0.035.	6	0	0				
7 Recoveries of prior-year distributions	7	0	0				
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0				
Section C - Distributable Amount	•		Current Year				
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0				
2 Enter 0.85 of line 1.	2		0				
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0				
4 Enter greater of line 2 or line 3.	4		0				
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6		0				
7 Check here if the current year is the organization's first as a non-functionally	inte	egrated Type III supporting					
instructions).			·				

Scriedui	The Love Quilt Project, Inc.			41	0-0439220 Page I
Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continue	d)	
Section	on D - Distributions		_		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	l l		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part V</b> i	)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		\	7	0
8	Distributions to attentive supported organizations to which the	ne organization is respor	nsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	0
10	Line 8 amount divided by line 9 amount			10	0.000
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2021	•			
	(reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f	J	0			
g	Applied to underdistributions of prior years			0	
h	Applied to 2021 distributable amount				0
<u>i</u>	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2021 from Section D, line 7: \$ 0				
a	Applied to underdistributions of prior years			0	
b	Applied to 2021 distributable amount				0
c	Remainder. Subtract lines 4a and 4b from line 4.	0			
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			0	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain				
	in Part VI. See instructions.				0
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.	0			
8	Breakdown of line 7.				
<u>a</u>	Excess from 2017				
<u> </u>	Excess from 2018 0				
<u>C</u>	Excess from 2019				
d	Excess from 2020 0				
е	Excess from 2021 0				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE F** (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-5439225

Department of the Treasury Internal Revenue Service

Name of the organization The Love Quilt Project, Inc.

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed. (e) If activity listed in (d) is (b) Number of (c) Number of (d) Activities conducted in the (a) Region (f) Total offices in the employees, region (by type) (such as, a program service, expenditures for describe specific type of region agents, and fundraising, program services, and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region Sub-Saharan Africa Program services and Educational support educational grants to quilt (1) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)(17)0 3a Subtotal . . . . . **b** Total from continuation sheets to Part I . . . 0 0 c Totals (add lines 3a and 3b) 0

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code (d) Purpose of (e) Amount of (f) Manner of (a) Name of (c) Region (g) Amount of (h) Description (i) Method of organization section and EIN grant cash grant cash noncash of noncash assistance valuation (if applicable) (book, FMV, disbursement assistance appraisal, other) \Educational grants to Sub-Saharan Africa quilt recipients (1) 66.400 (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15) (16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

	1 3	3	,	J ,	3	
exempt 501(c)(3) organiz	zation by the IRS, or for which the grar	ntee or counsel has pr	ovided a section	n 501(c)(3) equi	ivalency letter	<b>•</b>
Enter total number of oth	ner organizations or entities					<u>.</u> •

Schedule F (Form 990) 2021 The

The Love Quilt Project, Inc.

Part III		sistance to Individuals ( duplicated if additional sp			mplete if the orga	nization answ	ered "Yes" on Form 99	0, Part IV,
<b>(a)</b> Type o	of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							. 1	
(2)								
(3)								
(4)						U '		
(5)								
(6)				•	(7)			
(7)								
(8)								
(9)			+ (					
(10)								
(11)								
(12)		<b>*</b> (	)					
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Foreign Partnerships. (see Instructions for Form 8865) . . . . . .

Instructions for Form 5713; don't file with Form 990) . . . .

	t / / me zere want reject, mer		<del></del>	
Part	IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☐ No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	☐ No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	☐ No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	☐ No	

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2021

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
	•.0

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047

Open to Public

Employer identification number

The Love Quilt Project, Inc. 46-5439225 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Χ Mail solicitations **e** X Solicitation of non-government grants а Χ Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events С Х d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of contributions? (or retained by) (ii) Activity or entity (fundraiser) fundraiser listed in organization col. (i) Yes No 1 J.R. Reingold & Associates, Inc. Consulting 1321 Duke Street Alexandria VA 22314 40.017 0 0 n 0 3 0 10 0 0 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		events with gross receip	ots greater than \$5.00	0		
		evente war greee recen	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts			C	0
R	2	Less: Contributions Gross income (line 1 minus			C	0
		line 2)				0
	4	Cash prizes			C	0
	5	Noncash prizes				0
Direct Expenses	6	Rent/facility costs			C	0
t Exp	7	Food and beverages			C	0
Direc	8	Entertainment			C	0
	9	Other direct expenses			C	0
	10 11	Direct expense summary. Add Net income summary. Subtract		ımn (d)	<b>.</b>	( 0)
Pa	rt III	Gaming. Complete if the	e organization answe	red "Yes" on Form 990	), Part IV, line 19, or r	eported more than
		\$15,000 on Form 990-E	Z, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
₹e						(*) 3 (*)/
	1	Gross revenue	• (			0
	2	Gross revenue				(, , , ,
	2 3					0
		Cash prizes	,0			0
Direct Expenses		Cash prizes				0 0
	3	Cash prizes	Yes %	Yes %	Yes%	0 0 0
	3 4 5	Cash prizes	No	No	No	0 0 0
	3 4 5	Cash prizes	No No lines 2 through 5 in colu	mn (d)	No No ▶	0 0 0
	3 4 5 6 7 8	Cash prizes	No lines 2 through 5 in colu Subtract line 7 from line	mn (d)	No	0 0 0 0 0
Direct Expenses	3 4 5 6 7 8 E a ls	Cash prizes	No  lines 2 through 5 in colu  Subtract line 7 from line ganization conducts gaminduct gaming activities in	Mo  mn (d)	No ▶	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Direct Expenses	3 4 5 6 7 8 E a ls bb lf	Cash prizes	No  lines 2 through 5 in colu  Subtract line 7 from line ganization conducts gaminduct gaming activities in	mn (d)	No	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Direct Expenses	3 4 5 6 7 8 E a ls bb lf	Cash prizes	No  lines 2 through 5 in column Subtract line 7 from line ganization conducts gamin duct gaming activities in the subtract line 7 from line ganization conducts gaming licenses revoked, so	Mo  Imn (d)	No   0 0 0 0 0 0 0 0 0 0 0 0 1 0 1 1 1 1 1 1	

Sched	ule G (Form 990) 2021 The Love Quilt Project, Inc.	46-54	439225	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	[	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Г	່ ໄYes Γ	No
13	Indicate the percentage of gaming activity conducted in:	·		
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	d		
	Name ▶	<b></b>		
	Address ▶	<b>)</b>		
15a	Does the organization have a contract with a third party from whom the organization receives gaming	_	7., F	٦
b	revenue?		Yes	No
D	amount of gaming revenue retained by the third party ▶ \$0			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$0			
	Description of services provided •			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			_
	retain the state gaming license?	<u>L</u>	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			_
D1	spent in the organization's own exempt activities during the tax year	/:::\	-l (\	0
Part	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			ıa
	See instructions.	IIIIOIIII	ation.	
Part I	Line 2B Column ii, Reingold developed a strategic fundraising plan for LQP			

#### SCHEDULE I (Form 990)

Department of the Treasury

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Internal Revenue Service

Name of the organization

2021
Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

Inspec

The Love Quilt Project, Inc.						46	-5439225
Part I General Information	on on Grants	and Assistance					
<ul> <li>Does the organization maintain the selection criteria used to</li> <li>Describe in Part IV the organization</li> </ul>	award the grants	s or assistance? .				or assistance, and	Yes No
					<b>ts.</b> Complete if the ord cated if additional spa		d "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)			10				
(6)							
(7)							
(8)							
(9)		)					
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other of</li></ul>	. , . ,	•					

Schedule I (Form 990) 2021

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Page	7

recipients cash grant noncash assistance FNV, appraisal, other)  Supplemental Information. Provide the information required in Pair I, line 2) Part III, column (b); and any other additional information.	Part III can be duplicated if a  (a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
Supplemental Information. Provide the information required in Part I, line 2: Part III, column (b); and any other additional information.			cash grant		FMV, appraisal, other)	,
Supplemental Information. Provide the information required in Part I, line 2: Part III, column (b); and any other additional information.						4
Supplemental Information. Provide the information required in Pair 1, line 2; Pair III, column (b); and any other additional information.						<del>\</del>
Supplemental Information. Provide the Information required in Part I, line 2: Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part 1, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I. line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.					<b>-</b> /)	
Supplemental Information. Provide the information required in Part I, line 2. Part III, column (b); and any other additional information.						
Supplemental Information. Provide the Information required in Part I, line 2; Part III, column (b); and any other additional information.						
	Supplemental Information.	Provide the information r	equired in Part I, II	ine 2; Part III, columi	n (b); and any other addit	ional information.
			•			
		*/				
		/1				
		<u> </u>				
	·					

#### **SCHEDULE J** (Form 990)

Department of the Treasury

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ►Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public** Inspection

Internal Revenue Service Name of the organization

Employer identification number The Love Quilt Project, Inc. 46-5439225

Par	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
_				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	The second control of the persons and provide the applicable amounts for each term in that the			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
а	compensation contingent on the revenues of: The organization?	5a		Y
a b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Χ
b	Any related organization?	6b		Χ
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Χ
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			· <u> </u>
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			<b>V</b>
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		Х

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The sum of columns (b)(i)—(iii) for each is			and/or 1099-MISC and/or 10					
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i)							
	(ii)							
	(i)							
2	(ii)					•		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			•				
	(i)				<b>&gt;</b>			
	(ii)							
	(i)							
	(ii)							
	(i) (ii)			<del>)</del>				
	(i)							
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	(i) (ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i) (ii)	<b>J</b>						
	(i) (ii)							
	(i)							
15	(ii)							
	(i) (ii)							
10	(")							

chedule J (Form 990) 2021	The Love Quilt Project. Inc.	46-5439225	Page	3
511Cddic 0 (1 01111 550) 202 1	The Love Quilt Froject, inc.	40-0409220	rage	J

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Part III Supplemental Information
for any additional information.	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
	for any additional information.
	(0)
	▼

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

The Love Quilt Project, Inc.	46-5439225
Form 990, Part VI, Section B, Line 11b: All Board members were provided draft copies of Form	
990 for review prior to filing	<u> </u>
500 for review prior to minig	
	<i>J</i>
• ( )	
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•	

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization	Employer identification number
The Love Quilt Project, Inc.	46-5439225
	<u> </u>
	<u> </u>
<b>&gt;&gt;</b>	

#### Form 8453-TE

# Tax Exempt Entity Declaration and Signature for Electronic Filing

Department of the Treasury

 2021

OMB No. 1545-0047

Internal Revenue Service Go to www.irs.gov/Form8453TE for the latest information. EIN or SSN Name of filer The Love Quilt Project, Inc. 46-5439225 Type of Return and Return Information Part I Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here . . . ► X Total revenue, if any (Form 990, Part VIII, column (A), line 12). . . 110.691 Total revenue, if any (Form 990-EZ, line 9) . . . . . . . . . . . . . . . 2a Form 990-EZ check here . . ▶ 2b 0 Form 1120-POL check here . ▶ **Total tax** (Form 1120-POL, line 22) . . . . . . . . . . . . . . . . 0 3a Form 990-PF check here . . > Tax based on investment income (Form 990-PF, Part V, line 5). . 0 4a **Balance due** (Form 8868, line 3c) . . . . . . . . . . . . . . . . 5b 0 5a Form 8868 check here . . . > **Total tax** (Form 990-T, Part III, line 4) . . . . . . . . . . . . . . . 0 6a Form 990-T check here . . . > Form 4720 check here . . . > **Total tax** (Form 4720, Part III, line 1) . . . . . . . . . . . . . . 0 7a FMV of assets at end of tax year (Form 5227, Item D) . . . . . . 8b 0 **Form 5227** check here . . . **▶ Tax due** (Form 5330, Part II, line 19) . . . . . . . . . . . . . . . 9b 0 Form 5330 check here . . . > 10a Form 8038-CP check here . . ▶ Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . 0 Part II **Declaration of Officer or Person Subject to Tax** I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that | X | I am an officer of the above named entity or I am the person subject to tax with The Love Quilt Project, Inc. respect to (name of entity) (EIN) 46-5439225 and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign Vice President 11/14/2022 Here Date Title, if applicable Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. ERO's SSN or PTIN Check if also Check if self-ERO's ERO's signature paid preparer employed Firm's name (or Use EIN yours if self-employed), address, and ZIP code Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Print/Type preparer's name Preparer's signature Check if self-Paid employed **Preparer** Firm's EIN Firm's name

Phone no.

Firm's address

Use Only